

Silver Lake Specialized Care
275 Castleton Avenue
Staten Island, NY 10301
(718) 447 - 7800

Date: 5/14/14

Dr. D. B. Karron

RE: Marion B. Karron

Dear Mr. Karron:

Enclosed are the medical records for Marion B. Karron. If
you need any further assistance please don't hesitate to contact me.

Sincerely,



Donna Barone
Medical Records

SILVERLAKE-KARRON-000001

xpress

FedEx

TRK#
0215

8045 0029 9013

THU - 15 MAY AA
STANDARD OVERNIGHT

EL POUA

11561
NY-US
JFK



FID 692195 14MAY14 LLYA 51AC1/62D3/65DD



FedEx Express Package
US Airbill

FedEx
Tracking
Number

8045 0029 9013

1 From [Redacted]
Date [Redacted]
Sender's Name [Redacted] Phone 718 447-7800
Company SILVERLAKE NURSING HOME
Address 275 CASLETON AVE
City STATEN ISLAND State NY ZIP 10301-2794

2 Your Internal Billing Reference

3 To Recipient's Name D.B. Karron Ph.D. Phone [Redacted]
Company [Redacted]
Address 348 East Fulton Street
We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room [Redacted]
Address [Redacted]
Use this line for the HOLD location address or for continuation of your shipping address.
City Long Beach State NY ZIP 11561

HOLD Weekday
FedEx location address
REQUIRED. NOT available for
FedEx First Overnight.
HOLD Saturday
FedEx location address
REQUIRED. Available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations.

0112391889



8045 0029 9013

SILVERLAKE-KARRON-000002

Form ID No. 0215
Recipient's Copy

4 Express Package Service * To most locations.
NOTE: Service order has changed. Please select carefully. Packages up to 150 lbs.
For packages over 150 lbs., use the
FedEx Express Freight US Airbill.

Next Business Day

- ☐ FedEx First Overnight
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
☐ FedEx Priority Overnight
Next business morning. * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
☒ FedEx Standard Overnight
Next business afternoon. *
Saturday Delivery NOT available.

2 or 3 Business Days

- ☐ FedEx 2Day A.M.
Second business morning. *
Saturday Delivery NOT available.
☐ FedEx 2Day
Second business afternoon. * Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
☐ FedEx Express Saver
Third business day. *
Saturday Delivery NOT available.

5 Packaging * Declared value limit \$500.

- ☒ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☐ Other

6 Special Handling and Delivery Signature Options

- ☐ SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
☐ No Signature Required
Package may be left without obtaining a signature for delivery.
☐ Direct Signature
Someone at recipient's address may sign for delivery. Fee applies.
☐ Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery for residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?

- ☒ No ☐ Yes
One box must be checked. As per attached Shipper's Declaration. ☐ Yes
Shipper's Declaration not required. ☐ Dry Ice
Dry ice, § UN 1845 x kg
Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box. ☐ Cargo Aircraft Only

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No. ☐
☒ Sender Acct. No. in Section 1 will be billed. ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check
Total Packages [Redacted] Total Weight [Redacted] lbs. [Redacted]
Credit Card Auth. [Redacted]

To: Liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

Rev. Date 2/12 * Part #163134 * ©1994-2012 FedEx * PRINTED IN U.S.A. SRS

fedex.com 1.800.GoFedEx 1.800.463.3339

TO: SILVERLAKE
Subject:

1 BV

FROM: KARRON

Sun, Aug 31, 2008 7:07 PM

MEDFAX, PRELIMINARY RESULTS FOR:

SILVERLAKE

Sun, Aug 31, 2008

MARION

KARRON

Find Another Facility

Print Individual Reports

PATIENT NAME ROOM NO PROCEDURE

KARRON

130A

CHEST-NG

PRELIMINARY

SUPERVISOR
RESULTS

CHEST-NG PLACEMENT

TRACHEOSTOMY; COPD; NG TUBE IN
GASTRIC FUNDUS

MED REC NO

DATE COMPLETED Sun, Aug 31, 2008

29/11/11

SILVERLAKE-KARRON-000003

Subject:

MEDFAX, PRELIMINARY RESULTS FOR:

SILVERLAKE

Tue, Jul 15, 2008

MARION

KARRON

Find Another Facility

Print Individual Reports

PATIENT NAME ROOM NO PROCEDURE

KARRON

130

CHEST

PRELIMINARY

SUPERVISOR
RESULTS

CHEST

COPD; CHRONIC BRONCHITIS; MILD CHF;
NO PNEUMONIA; STATUS POST
TRACHEOSTOMY

MED REC NO

DATE COMPLETED Tue, Jul 15, 2008

[Handwritten signature]

SILVERLAKE-KARRON-000004

MEDFAX, PRELIMINARY RESULTS FOR:

SILVERLAKE

Wed, Jul 16, 2008

MARION

KARRON

Find Another Facility

Print Individual Reports

PATIENT NAME ROOM NO PROCEDURE

KARRON

130

CHEST

CHEST

PRELIMINARY

SUPERVISOR
RESULTS

NG TUBE IS SEEN BADLY DUE TO DENCE
MEDIASTINUM TISSUE; THE TIP OF NG
TUBE IS SEEN AT THE LEVEL OF DISTAL
ESOPHOGUS

MED REC NO

DATE COMPLETED Wed, Jul 16, 2008

R. J. Hides

SILVERLAKE-KARRON-000005

MEDFAX, PRELIMINARY RESULTS FOR: **SILVERLAKE** Tue, Jul 15, 2008
MARION **KARRON**

Find Another Facility Print Individual Reports

PATIENT NAME ROOM NO PROCEDURE

KARRON **130** **CHEST**

CHEST

PRELIMINARY

SUPERVISOR
RESULTS

**COPD; CHRONIC BRONCHITIS; MILD CHF;
NO PNEUMONIA; STATUS POST
TRACHEOSTOMY**

MED REC NO

DATE COMPLETED Tue, Jul 15, 2008

[Handwritten signature]

MEDFAX, PRELIMINARY RESULTS FOR:

SILVERLAKE

Tue, Jul 15, 2008

MARION

KARRON

Find Another Facility

Print Individual Reports

PATIENT NAME ROOM NO PROCEDURE

KARRON

130

CHEST

CHEST

PRELIMINARY

SUPERVISOR
RESULTS

COPD; CHRONIC BRONCHITIS; MILD CHF;
NO PNEUMONIA; STATUS POST
TRACHEOSTOMY; GT TUBE IN PLACE

MED REC NO

DATE COMPLETED Tue, Jul 15, 2008

A handwritten signature in dark ink, appearing to be 'R. Miller' or similar, with a date '7/16/08' written next to it.

SILVERLAKE-KARRON-000007

Karron, Marion
N: 118244899
Room: 130A

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. MCCARTHY JOHN

R8234681E 1180102901 11/17/2008 11/18/08 11/19/2008 M 78

Hematology

Occult Blood,
Stool

Negative

Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

[Handwritten signature]
11/21/08

****COMPLETE REPORT****

Subject:

1 (800) XRAY-EXAM

MEDFAX
PRECISION HEALTH INC
PORTABLE XRAY REPORT

1 (800) 972-9392

	LAST NAME	FIRST NAME
Facility: SILVER LAKE NURSING HOME	Patient: KARRON	MARION
Med Rec No:	Date of Birth:	Rm. No.: 237

DATE OF SERVICE: Mar 5, 2008

RIGHT ANKLE

The radiologic examination demonstrates evidence of osteoporosis and osteoarthritis. No fracture is identified.

IMPRESSION

Osteoporosis and osteoarthritis are seen. No fracture is observed.

ma

IMPRESSION

QA: CK

Radiologist: DR. VAYNSHELBAUM

This report has been electronically signed.

PHYSICIAN USE ONLY

Results acceptable for patients condition, at
this time no further follow up is recommended.

 MD 3/7/08 Date

Monitor results for further evaluation, refer to
progress notes.

____ MD _____ Date

SILVERLAKE-KARRON-000009

Subject:

MEDFAX, PRELIMINARY RESULTS FOR:

SILVERLAKE

Mon, Jul 14, 2008

MARIAN

KARRON

Find Another Facility

Print Individual Reports

PATIENT NAME ROOM NO PROCEDURE

KARRON

130

CHEST

CHEST

PRELIMINARY

SUPERVISOR
RESULTS

COPD; RIGHT LOWER LOBE PNEUMONIA;
STATUS POST TRACHEOSTOMY

MED REC NO

DATE COMPLETED Mon, Jul 14, 2008

1005
Allergy OK A
T.O. / Rocphin 1gm NPB
down x 10 days
Aventi 400mg
NPA + 100mg

[Handwritten signature]

SILVERLAKE-KARRON-000010

MEDFAX, PRELIMINARY RESULTS FOR:

SILVERLAKE

Fri, Aug 29, 2008

MARION

KARRON

Find Another Facility

Print Individual Reports

PATIENT NAME ROOM NO PROCEDURE

KARRON

130

CHEST

CHEST

PRELIMINARY

SUPERVISOR
RESULTS

THERE IS THE TUBE POSSIBLE NG TUBE
SEEN UP TO THE LEVEL OF THE KNOB OF
THE THORACIC AORTA

RAMSEL

to be repeated in AM

MED REC NO

DATE COMPLETED Fri, Aug 29, 2008

P 9/1/08

1 (800) XRAY-EXAM

MEDFAX
PRECISION HEALTH INC
PORTABLE XRAY REPORT

1 (800) 972-9392

	LAST NAME	FIRST NAME
Facility: SILVER LAKE NURSING HOME	Patient: KARRON	MARION
Med Rec No:	Date of Birth:	Rm. No.: 130

DATE OF SERVICE: Oct 15, 2008

CHEST

Comparison with the 8/30/08 study now shows. The radiologic examination of the chest demonstrates right lower lobe pneumonia and chronic obstructive pulmonary disease.

IMPRESSION

Right lower lobe pneumonia and chronic obstructive pulmonary disease identified.



fm

IMPRESSION

QA: CK

Radiologist: DR. VAYNSHELBAUM

This report has been electronically signed.

PHYSICIAN USE ONLY

Results acceptable for patients condition, at this time no further follow up is recommended.

Monitor results for further evaluation, refer to progress notes.

____ MD _____ Date

____ MD _____ Date

1 (800) XRAY-EXAM

MEDFAX
PRECISION HEALTH INC
PORTABLE XRAY REPORT

1 (800) 972-9392

	LAST NAME	FIRST NAME
Facility: SILVER LAKE NURSING HOME	Patient: KARRON	MARION
Ref Rec No:	Date of Birth:	Rm. No.: 240

DATE OF SERVICE: Feb 2, 2009

SACRUM AND COCCYX

Limited radiologic examination demonstrates the visualized bony structures to be intact. There is no evidence of fracture or dislocation. No osteomyelitis is present.

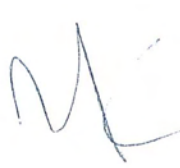
IMPRESSION

No fracture or osteomyelitis is present. The examination is limited.

fm

IMPRESSION

QA: CK



Radiologist: DR. SPRECHER

This report has been electronically signed.

_____**PHYSICIAN USE ONLY**_____

Results acceptable for patients condition, at
this time no further follow up is recommended.

Monitor results for further evaluation, refer to
progress notes.

_____MD_____Date

_____MD_____Date

SILVERLAKE-KARRON-000013

Facility: **SILVER LAKE NURSING HOME**

	LAST NAME	FIRST NAME
Patient:	KARRON	MARION

d Rec No:

Date of Birth:

Rm. No.: 130

DATE OF SERVICE: May 4, 2008**CHEST**

Comparison was made with 3/31/08. The radiologic examination of the chest demonstrates COPD and right lower lobe pneumonia.

IMPRESSION

There is COPD. Right lower lobe pneumonia is identified.



ab

IMPRESSION

QA: CK

Radiologist: DR. VAYNSHELBAUM

This report has been electronically signed.

PHYSICIAN USE ONLY

Results acceptable for patients condition, at
this time no further follow up is recommended.

Monitor results for further evaluation, refer to
progress notes.

____ MD _____ Date

____ MD _____ Date

Subject:

1 (800) XRAY-EXAM

MEDFAX
PRECISION HEALTH INC
PORTABLE XRAY REPORT

1 (800) 972-9392

Facility: SILVER LAKE NURSING HOME	Patient: KARRON	LAST NAME MARION
Med Rec No:	Date of Birth:	FIRST NAME MARION
		Rm. No.: 130

DATE OF SERVICE: Mar 31, 2008

CHEST

The radiologic examination of the chest demonstrates the presence of COPD. There is no evidence of pneumonia, infiltrate, or infectious disease. A tracheostomy is present.

IMPRESSION

No active disease is seen. COPD is observed. There is a tracheostomy present.

ab

IMPRESSION

QA: CK

g y/4/08

Radiologist: DR. SPRECHER

This report has been electronically signed.

PHYSICIAN USE ONLY

Results acceptable for patients condition, at this time no further follow up is recommended.

____ MD _____ Date

Monitor results for further evaluation, refer to progress notes.

____ MD _____ Date

SILVERLAKE-KARRON-000015

Facility: SILVER LAKE NURSING HOME	Patient: KARRON	LAST NAME	FIRST NAME
Med Rec No:	Date of Birth:		Rm. No.: 130

DATE OF SERVICE: Nov 12, 2008

CHEST

The radiologic examination of the chest demonstrates COPD and right upper lobe pneumonia.

IMPRESSION

COPD is noted. Right upper lobe pneumonia is identified.

ab

Radiologist: DR. VAYNSHELBAUM

This report has been electronically signed.

PHYSICIAN USE ONLY

Results acceptable for patients condition, at
this time no further follow up is recommended.Monitor results for further evaluation, refer to
progress notes.

MD Date

MD Date

Facility: SILVER LAKE NURSING HOME	Patient: KARVON	LAST NAME	FIRST NAME
Med Rec No:	Date of Birth:		Rm. No.: 130A

DATE OF SERVICE: Aug 31, 2008

CHEST

The radiologic examination of the chest demonstrates a tracheostomy to be present. COPD is noted. A nasogastric tube is seen in the gastric fundus.

IMPRESSION

A tracheostomy is present. There is COPD. There is a nasogastric tube in the gastric fundus.

dg

IMPRESSION

QA: CK

Radiologist: DR. SPRECHER

This report has been electronically signed.

PHYSICIAN USE ONLY

Results acceptable for patients condition, at
this time no further follow up is recommended.

Monitor results for further evaluation, refer to
progress notes.

____ MD _____ Date

____ MD _____ Date

MEDFAX
PRECISION HEALTH INC
PORTABLE XRAY REPORT

Facility: SILVER LAKE NURSING HOME	Patient: KARRON	LAST NAME KARRON	FIRST NAME MARION
Med Rec No:	Date of Birth:	Rm. No.: 130A	

DATE OF SERVICE: Aug 30, 2008**CHEST**

Comparison with the 8/29/08 study now shows. The radiologic examination of the chest demonstrates the presence of COPD. There is no evidence of pneumonia, infiltrate, or infectious disease.

IMPRESSION

No active disease is seen. COPD is observed.

dg

IMPRESSION

QA: CK

Radiologist: DR. VAYNSHELBAUM

This report has been electronically signed/

PHYSICIAN USE ONLY*NP 9/8/08*

Results acceptable for patients condition, at
this time no further follow up is recommended.

Monitor results for further evaluation, refer to
progress notes.

MD _____ Date_____
MD _____ Date

SILVERLAKE-KARRON-000018

U.S.
y: SILVER LAKE NURSING HOME Patient: LAST NAME FIRST NAME
KARRON MARION
Med Rec No: Date of Birth: Rm. No.: 130

DATE OF SERVICE: Oct 15, 2008

CHEST

Comparison with the 8/30/08 study now shows. The radiologic examination of the chest demonstrates right lower lobe pneumonia and chronic obstructive pulmonary disease.

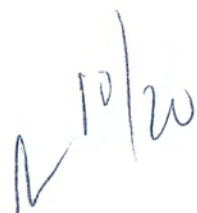
IMPRESSION

Right lower lobe pneumonia and chronic obstructive pulmonary disease identified.

fm

IMPRESSION

QA: CK



Radiologist: DR. VAYNSHELBAUM

This report has been electronically signed.

PHYSICIAN USE ONLY

Results acceptable for patients condition, at
this time no further follow up is recommended.

Monitor results for further evaluation, refer to
progress notes.

MD Date

MD Date

Facility: **SILVER LAKE NURSING HOME**Patient: **KARRON**

LAST NAME

FIRST NAME

MARION

Med Rec No:

Date of Birth:

Rm. No.: 130A

DATE OF SERVICE: Jul 18, 2008

CHEST AND KUB FOR NASOGASTRIC TUBE PLACEMENT

Comparison was made with 7/16/08. The radiologic examination demonstrates the presence of a nasogastric tube in the stomach.

IMPRESSION

A nasogastric tube is seen in the stomach.

ab

IMPRESSION

QA: CK

Radiologist: DR. BEHFARIN

This report has been electronically signed.

PHYSICIAN USE ONLY

Results acceptable for patients condition, at this time no further follow up is recommended.

Monitor results for further evaluation, refer to progress notes.

____ MD _____ Date

____ MD _____ Date

Facility: **SILVER LAKE NURSING HOME**Patient: LAST NAME **KARRON** FIRST NAME **MARION**

Med Rec No:

Date of Birth:

Rm. No.: 130

DATE OF SERVICE: Jan 12, 2009

CHEST

Compared with 1/6/09 study now shows: Radiologic examination of the chest was performed and demonstrates a resolving right middle lobe infiltrate. Tracheostomy tube is seen in place.

IMPRESSION

Resolving right middle lobe infiltrate identified. Tracheostomy tube seen in place.

fm

IMPRESSION

QA: CK

Radiologist: DR. SPRECHER

This report has been electronically signed.

PHYSICIAN USE ONLY

Results acceptable for patients condition, at
this time no further follow up is recommended.

Monitor results for further evaluation, refer to
progress notes.

____ MD _____ Date

____ MD _____ Date

Facility: SILVER LAKE NURSING HOME	Patient: KARRON	LAST NAME KARRON	FIRST NAME MARION
Med Rec No:	Date of Birth:	Rm. No.: 237	

DATE OF SERVICE: Feb 19, 2008

CHEST

The radiologic examination of the chest demonstrates a tracheostomy to be present. COPD is noted. There is cardiomegaly. Mild congestive heart failure is seen.

IMPRESSION

A tracheostomy is present. COPD and cardiomegaly are observed. There is mild congestive heart failure.

ab

IMPRESSION

QA: CK

Radiologist: DR. SPRECHER

This report has been electronically signed.

PHYSICIAN USE ONLY

Results acceptable for patients condition, at
this time no further follow up is recommended.

Monitor results for further evaluation, refer to
progress notes.

MD _____ Date_____
MD _____ Date

Facility: SILVER LAKE NURSING HOME	Patient: KARRON	LAST NAME	FIRST NAME
			MARION
Rec No:	Date of Birth:		Rm. No.: 130

DATE OF SERVICE: Dec 18, 2008**RIGHT ANKLE**

Compared with 3/5/08 study shows no change. A limited radiologic examination of the right ankle demonstrates severe degenerative joint disease. No fractures or dislocation is seen.


IMPRESSION

Severe degenerative joint disease is identified. No fractures or dislocation is observed.

fm

IMPRESSION

QA: CK


12/31/08

Radiologist: DR. SPRECHER

This report has been electronically signed.

PHYSICIAN USE ONLY

Results acceptable for patients condition, at
this time no further follow up is recommended.

Monitor results for further evaluation, refer to
progress notes.

____ MD _____ Date

____ MD _____ Date

Facility: SILVER LAKE NURSING HOME	Patient: KARRON	LAST NAME	FIRST NAME
			MARION
Rec No:	Date of Birth:		Rm. No.: 130

DATE OF SERVICE: Jan 6, 2009

CHEST

Compared with 11/19/08 study shows resolved right lower lobe pneumonia. Radiologic examination of the chest demonstrates a right middle lobe infiltrate and chronic obstructive pulmonary disease. Tracheostomy tube is present.

IMPRESSION

Right middle lobe infiltrate and COPD identified. Tracheostomy tube present.

fm

IMPRESSION

QA: CK


1/14/09

Radiologist: DR. SPRECHER

This report has been electronically signed.

PHYSICIAN USE ONLY

Results acceptable for patients condition, at
this time no further follow up is recommended.

Monitor results for further evaluation, refer to
progress notes.

____ MD _____ Date

____ MD _____ Date

Facility: SILVER LAKE NURSING HOME

Patient: LAST NAME
KARRONFIRST NAME
MARION

Rec No:

Date of Birth:

Rm. No.: 130

DATE OF SERVICE: Nov 19, 2008

CHEST

compared with 11/12/08 study shows no change. The radiologic examination revealed chronic obstructive pulmonary disease and right lower lobe pneumonia. Patient is status post tracheostomy.

IMPRESSION

COPD and right lower lobe pneumonia present. Patient is status post tracheostomy.

fm

IMPRESSION

QA: CK

Radiologist: DR. VAYNSHELBAUM

This report has been electronically signed.

PHYSICIAN USE ONLY

Results acceptable for patients condition, at
this time no further follow up is recommended.

Monitor results for further evaluation, refer to
progress notes.

MD Date

MD Date

SILVER LAKE SPECIALIZED CARE CENTER

DISCHARGE SUMMARY

NAME

ATTENDING PHYSICIAN

DATE OF ADMISSION

FROM

DATE OF DISCHARGE

TO

REASON FOR ADMISSION & PERTINENT HISTORY

VDRF

COPD

No malnutrition

Lx A-fib

COURSE IN NURSING HOME WITH COMPLICATIONS, IF ANY:

Re-admit FN 2/09

CONDITION, TREATMENT, MEDICATION, FINAL DISPOSITION ON DISCHARGE AND PROGNOSIS:

Cordian 9/09

FINAL DIAGNOSIS

ASD

DATE

SIGNED

M.D.

	LAST NAME	FIRST NAME
Facility: SILVER LAKE NURSING HOME	Patient: KARRAM	MARION
Med Rec No:	Date of Birth:	Rm. No.: 130

PORTABLE XRAY REPORT

DATE OF SERVICE: May 24, 2008

CHEST

The radiologic examination of the chest demonstrates the presence of COPD. There is no evidence of pneumonia, infiltrate, or infectious disease. A tracheostomy is present.

IMPRESSION

No active disease is seen. COPD is observed. There is a tracheostomy present.



ab

IMPRESSION

QA: CK

Radiologist: DR. SPRECHER

This report has been electronically signed.

PHYSICIAN USE ONLY

Results acceptable for patients condition, at
this time no further follow up is recommended.

Monitor results for further evaluation, refer to
progress notes.

____ MD _____ Date

____ MD _____ Date

Patient Information

Karron, Marion
SML Code: 568146
Room: 237A

Shiel
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11295
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Director, Anatomic Pathology
Sundara R. Sridhar, M.D.

Page 2 of 2 Accepted for Autolims 1953641-9214734

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7404645X	105153	02/01/2008	02/01/08	02/04/2008	F	

PATIENT RESULTS

Test	Out of Range	Within Range	Reference Range	Units
------	--------------	--------------	-----------------	-------

Ertapenem		Susceptible		
Moxifloxacin		Susceptible		
Piperacillin/Tazobactam		Susceptible		

Comments

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

INCOMPLETE REPORT

Report Generated By Autolims on 02/04/2008 at 01:35 PM

NP 2-408
Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
1953641-9214734

SILVERLAKE-KARRON-000028

Facility: SILVER LAKE NURSING HOME

Patient: LAST NAME
KARRONFIRST NAME
MARION

Med Rec No:

Date of Birth:

Rm. No.: 130A

DATE OF SERVICE: Aug 28, 2008

CHEST

Comparison was made with 7/18/08. The radiologic examination of the chest revealed an NG tube in the distal esophagus. A questionable nodule is seen. Advise CT scan for evaluation.
A right lower lobe infiltrate and tracheostomy tube is identified.

IMPRESSION

NG tube identified in the esophagus. Questionable nodule seen. Advise CT scan for evaluation. Right lower lobe infiltrate and tracheostomy tube is observed.

ABDOMEN

The radiologic examination of the abdomen revealed fecal retention and ileus.

IMPRESSION

Fecal retention and ileus is observed.

g
IMPRESSION

QA: CK

Radiologist: DR. SPRECHER

This report has been electronically signed

PHYSICIAN USE ONLY

Results acceptable for patients condition, at
this time no further follow up is recommended.

Monitor results for further evaluation, refer to
progress notes.

MD Date

MD Date

Patient Information

Karron, Marion
SSN: 118244899
Room: 130A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account 2222780-106095

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R78295290	1090086601	06/08/2008	06/09/08	06/10/2008	F	78

PATIENT RESULTS

Test

Out of Range

Within Range

Reference Range

Units

Hematology

Occult Blood,
Stool

Negative

Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

Handwritten signature and date 6/11/08

****COMPLETE REPORT****

Patient Information
Karron, Marion SSN: 118244899 R a: 130A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account 2227499-10642

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R78294375	1110136601	06/11/2008	06/11/08	06/12/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Hematology

Occult Blood,
Stool

Negative

Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M. D. DATE

These data will be monitored for further evaluation, see patient chart.

M. D. DATE

6/13/08

****COMPLETE REPORT****



Patient Information

Karron, Marion
SSN: 118244899
Room: 130A

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.
Patricia R. Romano, M.D.

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

MC CARTHY

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7680806P	1100043102	04/10/2008	04/10/08	04/11/2008	F	77

PATIENT		RESULTS			
Test	Out of Range	Within Range	Reference Range	Units	
Hematocrit	L 32.3		34.0-45.0	%	
Platelets		310	150-450	x10 ³ /uL	

****Requisition Parameters****

Fasting? -
No

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

Handwritten mark

****COMPLETE REPORT****

Patient Information

Karron, Marion
SML Code: 568146
Room: 237A

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia E. Romano, M.D.

Patricia E. Romano, M.D.

Page 1 of 1 Account Information 1987635-938551

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R74046407	1901226	02/19/2008 09:00 AM	02/19/08	02/20/2008	F	

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Diagnostic Immunology

Microbiology

Clostridium
difficile Toxin A
& B

Negative

Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D.

DATE

These data will be monitored for further evaluation, see patient chart.

M.D.

DATE

M

****COMPLETE REPORT****

Patient Information

Page 2 of 2 Ac1928692-9081864

Karrod, Maria
SML Code: 561672
Room: 237A

Brooklyn Laboratory, Inc.
62 Flushing Avenue, Brooklyn, NY 11205
718-337-0900 Fax: 718-337-1871

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

MC CARTHY

Specimen #	Lot #	Date Collected	Date Received	Date Reported	Sex	Age
R7404929G	2204302	01/22/2008 08:40 AM	01/22/08	01/22/2008	F	

Test

Complete Results Originally Reported on 01/22/2008 12:04 PM

Out of Range

Within Range

Reference Range

Units

Neutrophils, Abs	5.5	1.6-7.8	x10 ³ /uL
Lymphocytes, Abs	1.2	1.0-4.5	x10 ³ /uL
Monocytes, Abs	0.2	<1.0	x10 ³ /uL
Eosinophils, Abs	0.2	<0.7	x10 ³ /uL
Absolute Basophils, Abs.	0.1	<0.3	x10 ³ /uL
Platelets	288	150-450	x10 ³ /uL
RDW-CV	13.8	11.0-16.0	%
MPV	9.6	8.0-13.0	fL

****Requisition Parameters****

Fasting?

No

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D.

DATE

These data will be monitored for further evaluation, see patient chart.

M.D.

DATE

****COMPLETE REPORT****

SILVERLAKE-KARRON-000034

Patient Information

Karron, Marion
SML Code: 568146
Room: 237A

Shiel
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Director, Anatomic Pathology
Sundara R. Sridhar, M.D.

Page 1 of Account 11953031-920122

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7404645X	105153	02/01/2008	02/01/08	02/04/2008	F	

PATIENT RESULTS

Test

Out of Range

Within Range

Reference Range

Units

Diagnostic Immunology

Microbiology

RULE OUT MRSA

No growth

No growth

Lab Comments: No MRSA recovered

BACTERIOLOGY

Sputum Culture-

In Process

Gram Stain

In Process

Culture Result:

In Process

Comments

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

MP 2/4/08

INCOMPLETE REPORT

Patient Information

Karron, Marion
 SSN: 118244899
 Room: 130A

 **Shiel**
 Medical Laboratory
 Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account 2450942-117585

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8117585E	1250094202	09/24/2008	09/25/08	09/26/2008	F	78

PATIENT RESULTS

Test

Out of Range

Within Range

Reference Range

Units

Hematology

Occult Blood,
 Stool

Negative

Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____

DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____

DATE _____

****COMPLETE REPORT****

Repr Generated By Autolims on 09/26/2008 at 05:15 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
 2450942-11758523

SILVERLAKE-KARRON-000036

Patient Information
Karron, Marion N: 118244899 Sm: 130A

shiel
medical laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account Information 2118510-100723

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7680707S	1210144101	04/19/2008	04/21/08	04/22/2008	F	77

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Hematology

Occult Blood,
Stool

Negative

Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

gn 4/23/08

COMPLETE REPORT

Report Generated By Autolims on 04/22/2008 at 00:24 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2118510-10072385

SILVERLAKE-KARRON-000037

Patient Information

Karron, Marion
SML Code: 568146
Room: 237A



niel
MICROBIOLOGY

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.
Director, Anatomic Pathology
Sundara R. Sridhar, M.D.

Page 2 of 2 Acc 195575749216909

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7404645X	105153	02/01/2008	02/01/08	02/05/2008	F	

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Ertapenem Susceptible
Moxifloxacin Susceptible
Piperacillin/Tazobactam Susceptible

****Comments****

****Requisition Comments****

Reported to: Silverlake NH - Stats at 02/04/08 01:57 PM

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

****COMPLETE REPORT****

Patient Information

Karron, Marion
 SSN: 118244899
 Room: 130A



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2 Account 2204628 in 10523602

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R78295274	1010014101	06/01/2008	06/01/08	06/02/2008	F	77

PATIENT RESULTS

Test

Out of Range

Within Range

Reference Range

Units

Monocytes%-DIF
 Monocytes abs-DIF

7
 0.9

2-10
 0.1-1.0

%
 $\times 10^3/uL$

****Requisition Comments****

Accessioning: Non Fasting

****Requisition Parameters****

Fasting? -
 No

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

CSH

****COMPLETE REPORT****

Patient Information

Karron, Marion
I: 118244899
Room: 130

 **Shiel**
medical laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2 Account Information 2084774-9832697

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

MCCARTHY

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7631237V	1310075703	03/31/2008	03/31/08	04/06/2008	F	77

PATIENT RESULTS

Test

Out of Range

Within Range

Reference Range

Units

Aerobic bottle test

No growth after 5 days

****Comments********Requisition Parameters****

Fasting? -

Not Provided

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

E 4/7/08

****COMPLETE REPORT****

SILVERLAKE-KARRON-000040

Patient Information

Iron, Marion
 SSN: 118244899
 Room: 130A



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2 2494545-11981029

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R81600961	1160088801	10/15/2008	10/16/08	10/19/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Levofloxacin Susceptible
 Vancomycin Susceptible
 Linezolid Susceptible
 Synercid Resistant

Comments

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

R 10/20/08

COMPLETE REPORT



Patient Information
Karron, Marian L Code: 617316 Sm:130A

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301 DR. MCCARTHY
--

Medical Director
Patricia R. Romano, M.D.
Patricia R. Romano, M.D.

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7680805S	1210128401	04/19/2008	04/21/08	04/22/2008	F	

PATIENT	RESULTS
---------	---------

Test	Out of Range	Within Range	Reference Range	Units
------	--------------	--------------	-----------------	-------

Hematology

Occult Blood, Stool	Negative	Negative
------------------------	----------	----------

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.
M.D. _____ DATE _____
These data will be monitored for further evaluation, see patient chart.
M.D. _____ DATE _____

FM 4/23/08

****COMPLETE REPORT****

Patient Information

Karron, Marion
SSN: 118244899



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2

Ac2145322-10210898

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7738360L	1040008901	05/04/2008	05/04/08	05/04/2008	F	77

PATIENT RESULTS

Test

Out of Range

Within Range

Reference Range

Units

Monocytes abs-DIF		0.6	0.1-1.0	x10 ³ /uL
Bands%-DIF		3	0-6	%
Bands abs-DIF		0.4		
RE Morphology				
Hypochromia-DIF	H	Slight		
Polychromasia-DIF	H	Slight		

Requisition Parameters

Fasting? -
No

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

The data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

CGH

COMPLETE REPORT

Patient Information

Karron, Marion
N: 118244899
Room: 130A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account 2359622-113190

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7995765S	1140034101	08/14/2008	08/14/08	08/15/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Diagnostic Immunology

Microbiology

Clostridium
difficile Toxin A
& B (3)

Negative

Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

****COMPLETE REPORT****

Report Generated By Autolims on 08/15/2008 at 11:17 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2359622-11319039

SILVERLAKE-KARRON-000044

Patient Information

Karron, Marion
SSN: 118244899
Room: 130A

Shiel
medical laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account 2501108-120388

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8204862V	1220044101	10/22/2008 08:10 AM	10/22/08	10/22/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Endocrinology

Thyroxine (T4)		7.7	4.5-10.9	ug/dL
T3-Uptake	H	41.1	22.5-37.0	%
TSH 3rd Generation	H	11.11	0.35-5.50	uIU/mL
T3, Total		88	60-181	ng/dL
T4, Free		1.3	0.8-1.8	ng/dL

Note: Reference range update as 10/07/08

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____
The data will be monitored for further evaluation, see patient chart.
M.D. _____ DATE _____

[Handwritten signature]

COMPLETE REPORT


Report generated By Autolims on 10/22/2008 at 03:59 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2501108-120

SILVERLAKE-KARRON-000045

Patient Information

Karron, Marion
SSN: 118244899
Room: 130A

 **Shiel**
medical laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of Account ~~2336933~~ -112026

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7944585W	1030012301	08/03/2008	08/03/08	08/04/2008	F	78

PATIENT RESULTS

Test	Out of Range	Within Range	Reference Range	Units
------	--------------	--------------	-----------------	-------

Diagnostic Immunology

Microbiology

Clostridium
difficile Toxin A
& B (2)

H	Positive for	Negative
H	toxin A	
H	and/or B	

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____

DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____

DATE _____

on flagyl

[Signature]

****COMPLETE REPORT****

Report Generated By Autolims on 08/04/2008 at 01:10 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2336933-11202651

SILVERLAKE-KARRON-000046

Patient Information

Karron, Marion
N: 118244899
Room: 130A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account Information 2359622-113190

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7996114V	1140033401	08/14/2008	08/14/08	08/15/2008	F	78

PATIENT RESULTS

Test

Out of Range

Within Range

Reference Range

Units

Diagnostic Immunology

Microbiology

Clostridium
difficile Toxin A
& B

Negative

Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

****COMPLETE REPORT****

Report Generated By Autolims on 08/15/2008 at 11:17 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2359622-11319026

SILVERLAKE-KARRON-000047

Patient Information

Karron, Marion
N: 118244899
Room: 130A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account Information 2359622-113190

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7995766P	1140035301	08/14/2008	08/14/08	08/15/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Diagnostic Immunology

Microbiology

Clostridium
difficile Toxin A
& B (2)

Negative

Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

****COMPLETE REPORT****

Report Generated By Autolims on 08/15/2008 at 11:17 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2359622-11319081

SILVERLAKE-KARRON-000048

Patient Information

Karron, Marion
 ID: 118244899
 Room: 130



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2 2084325-9896587

Account Information

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

MCCARTHY

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7680717N	1050016201	04/05/2008 11:55 AM	04/05/08	04/05/2008	F	77

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Absolute Basophils, Abs.	0.0	<0.3	x10 ³ /uL
Platelets	345	150-450	x10 ³ /uL
RDW-CV	13.3	11.0-16.0	%
MPV	10.8	8.0-13.0	fL

Requisition Comments

Accessioning: Non Fasting

Requisition Parameters

Fasting? -
 No

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.P. _____ DATE _____

Th. data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

COMPLETE REPORT

Report Generated By Autolims on 04/05/2008 at 05:35 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
 2084325-9896587

SILVERLAKE-KARRON-000049

Patient Information

Karron, Marion
SSN: 118244899
Room: 130A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of Account DB41475-112221

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7944678N	1050077701	08/04/2008	08/05/08	08/06/2008	F	78

PATIENT RESULTS

Test

Out of Range

Within Range

Reference Range

Units

Diagnostic Immunology

Microbiology

Clostridium
difficile Toxin A
& B (3)

Negative

Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

*or flagellate
LPMIS cont*

P. J. H.

****COMPLETE REPORT****

Ref generated By Autolims on 08/06/2008 at 12:21 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2341475-11222110

SILVERLAKE-KARRON-000050

Precision Health / Medfax: Preliminary Results

Facility Name
SILVERLAKE
Last Name
KARRON
Procedure
CHEST
Called Into

Room No
130
First Name
MARION
Class
TODAY
Reason Study

Status
COMPLETED
Tel No
718-447-7800
Date Completed
10/15/08

PRELIMINARY RESULT

RIGHT LOWER LOBE PNEUMONIA; COPD

NOTE: This document contains confidential and privileged information, intended solely for the use of individual or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any distribution use or copy of this document is prohibited. Any medical information contained maybe used only for treatment, payment and health care operations, (TPO) HIPPA. This information may not be disclosed to any third party without written authorization of the sender. If you receive this document in error please call us at 1-800-XRAY-EXAM. Thank you.

D
10/17/08

afedril
~~stop 10/17/08~~ *Booster* *I
given 80 mg Sildenafil
in A.M.



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2 Account # 2212778-10562050

Patient Information

Karron, Marion
SSN: 118244899
Room: 130A

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R78294367	1040035302	06/04/2008 08:59 AM	06/04/08	06/04/2008	F	77

PATIENT RESULTS

Test	Out of Range	Within Range	Reference Range	Units
MCHC		31.8	31.0-37.0	%
Neutrophils%	H 82.0		40.0-70.0	%
Lymphocytes%	L 12.3		20.0-40.0	%
Monocytes%		3.7	2.0-10.0	%
Eosinophils%		1.7	1.0-4.0	%
Basophils%		0.3	0.0-1.0	%
Neutrophils, Abs	H 10.9		1.6-7.8	$\times 10^3/\mu\text{L}$
Lymphocytes, Abs		1.6	1.0-4.5	$\times 10^3/\mu\text{L}$
Monocytes, Abs		0.5	<1.0	$\times 10^3/\mu\text{L}$
Eosinophils, Absolute		0.2	<0.7	$\times 10^3/\mu\text{L}$
Basophils, Abs.		0.0	<0.3	$\times 10^3/\mu\text{L}$
Platelets		363	150-450	$\times 10^3/\mu\text{L}$
RDW-CV		12.5	11.0-16.0	%
MPV		9.4	8.0-13.0	fL

****Requisition Comments****

Accessioning:Non Fasting

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

Ca/b/a

****COMPLETE REPORT****

Patient Information

Karron, Marion
ID: 118244899
Room: 130A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of Account 2335092-111969

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7944584Y	1020005701	08/02/2008	08/02/08	08/03/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Diagnostic Immunology

Microbiology

Clostridium
difficile Toxin A
& B

H Positive for
H toxin A
H and/or B

Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

*Flagged 500
98h x 7 days*

*R
8/4*

****COMPLETE REPORT****

Report Generated By Autolims on 08/03/2008 at 06:56 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2335092-11196931

SILVERLAKE-KARRON-000053

Shiel Medical Laboratory

at Silver Lake Nursing Home
275 Castleton Avenue Staten Island, NY 10301

ARTERIAL BLOOD GAS REPORT

NAME (Last, First) Karron, Marion Date 4/14/88 ID# 15354
TIME DRAWN 2:55 [] AM [X] PM

IRMA TRUpoint
Blood Analysis System
Patient Test Results
S/N: 24908

Tested on
07/14/88 03:00 PM

Calibration Successful

Cal Code LMZ-EUC-GLX
Cartridge Lot EYTSX
Test Number 2550

Patient ID: 15354

Patient Temperature
37.0°C 98.6°F

BP 771 mmHg

Measured @ 37.0 °C
pH L 7.326
pCO2 H 87.1 mmHg
pO2 82.1 mmHg

Ref. Ranges
pH 7.350-7.450
pCO2 35.0- 45.0 mmHg
pO2 80.0-100.0 mmHg

Calculated Results
HCO3- 45.0 mEq
TCO2 47.7 mEq
* BEb 14.2 mEq
BEecf 19.0 mEq
O2Sat 95.1 %

stdo for BEb 15.0 g/dL

Sample Info:
Type: Arterial
Site: Left Radial

VENTILATOR SETTINGS

MODE (CIRCLE ONE)	<u>A/C</u>	SIMV	CPAP	T/C	PS
FiO2	<u>45-55%</u>				
R.R.	<u>12</u>				
VT	<u>500</u>				
ASSISTING RATE	<u>0</u>				

ETCO2	<u>54</u>	O2 ANALYZED	<u>54%</u>
PO	<u>93%</u>		

REFERENCE RANGE

pH	7.35 - 7.45
pCO2	35 - 45 mmHg
pO2	80 - 100 mmHg
HCO3	22 - 26 mmHg
tCO2	22 - 29 mmHg
BE-b	-2 to +2 mmHg
BE-ecf	-2 to +2 mmHg
O2 sat.	97.0 - 100 %

COMMENTS:

[Signature]
7/16/88

REPORTED TO:

Reporcel C. Rango

SILVERLAKE-KARRON-000054

Patient Information

Karron, Marion
SSN: 118244899



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2 A2509306-12085849

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8205298T	1260017203	10/26/2008	10/26/08	10/27/2008	F	78

PATIENT RESULTS

Test	Out of Range	Within Range	Reference Range	Units
MCHC		32.0	31.0-37.0	%
Neutrophils%	H 83.8		40.0-70.0	%
Lymphocytes%	L 9.3		20.0-40.0	%
Monocytes%		4.3	2.0-10.0	%
Eosinophils%		2.2	1.0-4.0	%
Basophils%		0.3	0.0-1.0	%
Neutrophils, Abs	H 8.6		1.6-7.8	x10 ³ /uL
Lymphocytes, Abs		1.0	1.0-4.5	x10 ³ /uL
Monocytes, Abs		0.4	<1.0	x10 ³ /uL
Eosinophils, Abs		0.2	<0.7	x10 ³ /uL
Absolute Eosinophils, Abs.		0.0	<0.3	x10 ³ /uL
Platelets		229	150-450	x10 ³ /uL
RDW-CV		14.9	11.0-16.0	%
MPV		9.8	8.0-13.0	fL

Requisition Parameters

Fasting? -
No

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____
These data will be monitored for further evaluation, see patient chart.
M. _____ DATE _____

R 10/27/08

INCOMPLETE REPORT

Report Generated By Autolims on 10/27/2008 at 08:22 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2509306-12085849

SILVERLAKE-KARRON-000055

SILVER LAKE
SPECIALIZED CARE CENTER

CONSULTATION REQUEST AND RECORD

Karron Marion

130

DATE OF REQUEST:

Dec 3, 2008

ATTENDING PHYSICIAN (REQUESTING CONSULT)

McCarthy

TYPE OF CONSULTATION:

ENT (Dr. Bhayani)

DIAGNOSIS:

VDAR, COPD, Malnutrition, 1/2 A-Fib

REASON FOR CONSULTATION:

Track Change
John D. McCarthy

ATTENDING PHYSICIAN'S SIGNATURE:

REPORT OF CONSULTATION (Opinion & Recommendation)

Resp failure
for track chg

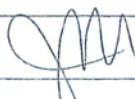
DET no 8 chged to dthg
no gsmbl

Totaled well

Flo 2nd



SIGNATURE OF CONSULTANT:



DATE:

12/8/08

COUNTERSIGNED M.D.

12/10/08

SILVERLAKE-KARRON-000056

Silver Lake Specialized Care Center
Physical Therapy discharge Summary

Name: KARRON, MARION Room # 2374 Dr. KLAHR

Diagnosis: RESP. FAILURE, VENT-DEF, PNEUMONIA, COPD, A-F.B., MALNUTRITION

Period of Therapy: 1/22/08 to 2/27/08

Observations/Precautions: CAREGIVER/RESP. PRECAUTIONS, RESIDENT POORLY COMPLIANT AND AGITATED AT TIMES.

Initial Eval Status:

From: WFL (B)LE, (L) ANKLE (S) DF, (R) ANKLE FIXED, (B)UE: WFL

Strength MMT: (B)LE: GRASSY FAIR, (B)UE: GRASSY FAIR

Bed mobility REQ. CONTACT GUARDING

Transfers REQ. EXT. PHYS. (A) OF 2

Balance SITTING (DYN): F⁻, (STATIC): FAIR

Ambulation NON-AMBULATORY, UNABLE TO STAND

Discharge Status:

From: UNCHANGED.

Strength UNCHANGED.

Bed mobility CONTACT GUARDING

Transfers EXT. PHYS. (A) OF 2

Balance SITTING (DYN): F⁻/FAIR, (STATIC): FAIR

Ambulation NON-AMBULATORY, ABLE TO STAND & WALKER REQ. EXT.

Reason for discharge: PHYS. (A) FOR APPROX. 30 SECS. X 3 TRIALS.

Plan: ☐ All goals met ☐ Plateau reached ☒ Other LACK OF PROGRESS / POOR COMPLIANCE
☐ Floor Rom ☐ Floor Ambulation ☐ Other

Therapist Signature: M. Huff, P.T. Date: 3/3/08

MD Signature: M Date: 3/3/08

Shiel Medical Laboratory

at Silver Lake Nursing Home
275 Castleton Avenue Staten Island, NY 10301

ARTERIAL BLOOD GAS REPORT

NAME (Last, First)

Karron, Marion

Date

4/1/08 ID# 15354

TIME DRAWN

11:00

☒ AM ☐ PM

IRMA TRUpoint
Blood Analysis System
Patient Test Results
S/N: 24908

Tested on
07/15/08 11:09 AM

Calibration Successful

Cal Code LMZ-EUC-GLX
Cartridge Lot EYTSX
Test Number 2552

Patient ID: 15354

Patient Temperature
36.7°C 98.0°F

BP 77/77 mmHg

Measured @ 37.0 °C
pH 7.692
pCO2 29.5 mmHg
pO2 171.6 mmHg

Connected to 36.7 °C
pH 7.697
pCO2 29.0 mmHg
pO2 169.7 mmHg

Ref. Ranges
pH 7.350-7.450
pCO2 35.0-45.0 mmHg
pO2 80.0-100.0 mmHg

Calculated Results
HCO3- 35.3 mEq/L
TCO2 36.2 mEq/L
* BEb 15.0 mEq/L
BEecf 15.3 mEq/L
O2Sat 99.5 %

st.b for BEb 15.0 g/dL

Sample Info:

Type: Arterial
Site: Left Radial

VENTILATOR SETTINGS

MODE (CIRCLE ONE)	<input checked="" type="radio"/> A/C	<input type="radio"/> SIMV	<input type="radio"/> CPAP	<input type="radio"/> T/C	<input type="radio"/> PS
FiO2	45-55				
R.R.	16				
VT	500				
ASSISTING RATE	18				

ETCO2	42%	O2 ANALYZED	46%
PO	46%		

REFERENCE RANGE

pH	7.35 - 7.45
pCO2	35 - 45 mmHg
pO2	80 - 100 mmHg
HCO3	22 - 26 mmHg
tCO2	22 - 29 mmHg
BE-b	-2 to +2 mmHg
BE-ecf	-2 to +2 mmHg
O2 sat.	97.0 - 100 %

COMMENTS:

REPORTED TO:

L. Messe

SILVERLAKE-KARRON-000058

Karrod, Maria
SML Code: 561672
Room: 237A

Brooklyn Navy Yard, Building 222
61 Flushing Avenue, Brooklyn, New York 11205
718-562-1000 Fax 718-562-1001

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

MC CARTHY

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7404929G	2204302	01/22/2008 08:40 AM	01/22/08	01/22/2008	F	

Complete Results Originally Reported on 01/22/2008 12:04 PM

Test

Out of Range

Within Range

Reference Range

Units

Chemistry

Glucose (grey) H 173 65-99 mg/dL
FASTING Fasting? No Criteria for the diagnosis of diabetes:

(Fasting Glucose)

<100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

>125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen	H	27	5-25	mg/dL
Creatinine		0.8	0.6-1.1	mg/dL
BUN/Creat Ratio	H	33.8	5.0-30.0	
Sodium		142	133-146	mEq/L
Potassium		4.8	3.4-5.4	mEq/L
Chloride		101	94-113	mEq/L
Carbon Dioxide		31	19-31	mEq/L
Calcium		9.5	8.1-10.3	mg/dL

Endocrinology

Thyroxine (T4)		9.7	4.5-10.9	ug/dL
T3-Uptake	H	42.3	22.5-37.0	%
TSH 3rd Generation		2.78	0.35-5.50	uIU/mL
T3, Total		99	60-181	ng/dL
T4, Free		1.57	0.89-1.76	ng/dL

Hematology

White Blood Count		7.1	4.0-11.0	x10 ³ /uL
Red Blood Count	L	3.59	3.80-5.40	x10 ⁶ /uL
Hemoglobin		11.4	11.1-14.7	g/dL
Hematocrit		35.0	34.0-45.0	%
MCV		98	78-102	fL
MCH		31.0	27.0-31.0	pg
MCHC		32.6	31.0-37.0	%
Neutrophils%	H	77.0	40.0-70.0	%
Lymphocytes%	L	16.9	20.0-40.0	%
Monocytes%		2.4	2.0-10.0	%
Eosinophils%		2.7	1.0-4.0	%
Basophils%		1.0	0.0-1.0	%

****COMPLETE REPORT****

SILVER LAKE SPECIALIZED CARE CENTER
DEPARTMENT OF OCCUPATIONAL THERAPY

Annual: _____ Monthly re-eval: ☒ Re-admit: _____ Change in status: _____

Resident's Name: Karron, Marion Room: 237 MD: Klahr

Diagnosis: Vent Resp. Fail, PNEM, COPD, A-Fib, ETOH

Change in ROM/Strength _____ Yes ☒ No

Resident is no changes in overall strength
and endurance or balance.

Change in ADL/Functional Status _____ Yes ☒ No

Resident continues to require H+@ for all
ADL / functional mobility

Change in Treatment Plan/Goals ☒ Yes _____ No

Resident is consistently non-compliant w/ Tx.
No A's noted. Lf no A in level of compliance or
functional abilities - resident may need/c'd

Additional Goals: from not services within 2 weeks

O.T. Signature Melena Casalino ORK Date: 2/19/08

M.D. Signature [Signature] Date: 2/19/08

Shiel Medical Laboratory at Silverlake Nursing Home
275 Castleton Avenue, Staten Island, NY 10301

ARTERIAL BLOOD GAS REPORT

NAME (Last, First) Karron, Marion Date 1/23/08 ID# 15354
TIME DRAWN 5:50 I AM M PM

1941 TBL 00100
Blood Analysis System
Patient Test Results
S/N: 24906

Tested on
1/23/08 05:56 PM

Calibration Successful

Cal. Code 117-BC1-AJL
Cartridge Lot EXH32
Test Number 2130

Patient ID: 15354

Patient Temperature
36.1°C 97.0°F

BP 770 mmHg

Measured @ 37.0 °C
pH - 7.342
pCO2 - 56.4 mmHg
pO2 85.2 mmHg

Corrected to 36.1 °C
pH - 7.352
pCO2 - 56.1 mmHg
pO2 86.4 mmHg

Ref. Ranges
pH 7.350-7.450
pCO2 35.0-45.0 mmHg
pO2 80.0-100.0 mmHg

Calculated Results
HCO3- 31.3 mEq/L
tCO2 33.1 mmHg
sBE 5.3 mEq/L
BEecf 5.5 mEq/L
O2Sat 95.7 %

Units for BE 5.5 mEq/L

Sample Info:
Type: Arterial
Site: Right Radial

VENTILATION SETTINGS					
MODE (circle one)	<u>A/C</u>	SIMV	CPAP	T/C	PS
FiO2	<u>35-45</u>				
R.R.	<u>14</u>				
VT	<u>500</u>				
ASSISTING RATE					

REFERENCE RANGE		
pH	7.35 - 7.45	
pCO2	35 - 45	mmHg
pO2	80 - 100	mmHg
HCO3	22 - 26	mmHg
tCO2	22 - 29	mmHg
BE-b	-2 to +2	mmHg
BE-ecf	-2 to +2	mmHg
O2 sat.	97.0 - 100	%

COMMENTS:

Reported K. Scano

7.35
56.1
80.4

31.3

95.7



shiel
medical laboratory

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Account Information

Patient Information

Karron, Marion
N: 118244899

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8205298T	1260017203	10/26/2008	10/26/08	10/27/2008	F	78

PATIENT RESULTS

Test	Out of Range	Within Range	Reference Range	Units
**** This Report Contains Critical Values ****				
MCHC		32.0	31.0-37.0	%
Neutrophils%	H 83.8		40.0-70.0	%
Lymphocytes%	L 9.3		20.0-40.0	%
Monocytes%		4.3	2.0-10.0	%
Eosinophils%		2.2	1.0-4.0	%
Basophils%		0.3	0.0-1.0	%
Neutrophils, Abs	H 8.6		1.6-7.8	x10 ³ /uL
Lymphocytes, Abs		1.0	1.0-4.5	x10 ³ /uL
Monocytes, Abs		0.4	<1.0	x10 ³ /uL
Eosinophils, Abs		0.2	<0.7	x10 ³ /uL
Absolute				
Basophils, Abs.		0.0	<0.3	x10 ³ /uL
Platelets		229	150-450	x10 ³ /uL
RDW-CV		14.9	11.0-16.0	%
MPV		9.8	8.0-13.0	fL

Requisition Comments

Reported to: Silverlake NH - Stats at 10/27/08 09:57 AM

Requisition Parameters

Fasting? -
No

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

COMPLETE REPORT

Patient Information

1 Iron, Marion
SSN: 118244899
Room: 130



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2 Account 2102257-9976321

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7631228W	1110011801	04/11/2008	04/11/08	04/14/2008	F	77

PATIENT RESULTS

Test

Out of Range

Within Range

Reference Range

Units

Ciprofloxacin	Resistant
Tobramycin	Susceptible
Ceftazidime	Susceptible
Ampicillin/sulbactam	Intermediate
Cefuroxime	Susceptible
Levofloxacin	Resistant
Cefoxitin	Susceptible
Cefepime	Susceptible
Aztreonam	Susceptible
Imipenem	Susceptible
Ceftriaxone	Susceptible
Pipercillin/Clav Ac	Susceptible
Cephalothin	Resistant
Amikacin	Susceptible
Cefotaxime	Susceptible
Ertapenem	Susceptible
Cefotetan	Susceptible
Piperacillin/Tazobact	Susceptible

****Comments****

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

4/16/08

****COMPLETE REPORT****

Shiel Medical Laboratory

at Silver Lake Nursing Home
275 Castleton Avenue Staten Island, NY 10301

ARTERIAL BLOOD GAS REPORT

NAME (Last, First) Karron, Marion Date 7/14/08 ID# 15354

TIME DRAWN 2:30 [] AM [X] PM

IRMA TRUpoint
Blood Analysis System
Patient Test Results
S/N: 24908

Tested on
07/14/08 02:35 PM

Calibration Successful

Cal Code LMZ-EUC-GLX
Cartridge Lot EYTSX
Test Number 2549

Patient ID: 15354

Patient Temperature
37.0°C 98.6°F

BP 77/ mmHg

Measured @ 37.0 °C

pH 7.332

pCO2 82.2 mmHg

pO2 48.4 mmHg

Ref. Ranges

pH 7.350-7.450

pCO2 35.0-45.0 mmHg

pO2 80.0-100.0 mmHg

Calculated Results

HCO3- 43.0 mEq/L

TCO2 45.5 mEq/L

* BEb 12.8 mEq/L

BEeaf 17.1 mEq/L

O2Sat 78.3 %

*tHb for BEb 15.0 g/dL

Sample Info:

Type: Arterial

Site: Left Radial

VENTILATOR SETTINGS

MODE (CIRCLE ONE) A/C SIMV CPAP T/C PS

FiO2 45-55%

R.R. 12

VT 500

ASSISTING RATE Ø

ETCO2 54%

O2 ANALYZED

54%

PO

84%

REFERENCE RANGE

pH 7.35 - 7.45

pCO2 35 - 45 mmHg

pO2 80 - 100 mmHg

HCO3 22 - 26 mmHg

tCO2 22 - 29 mmHg

BE-b -2 to +2 mmHg

BE-ecf -2 to +2 mmHg

O2 sat. 97.0 - 100 %

COMMENTS:

[Signature]

REPORTED TO: L. Abraham

SILVERLAKE-KARRON-000064

SILVER LAKE
SPECIALIZED CARE CENTER

CONSULTATION REQUEST AND RECORD

Karron Marion

240

DATE OF REQUEST:

April 3 2009

ATTENDING PHYSICIAN (REQUESTING CONSULT)

Klahr

TYPE OF CONSULTATION:

ENT (Dr. Bhayani)

DIAGNOSIS:

YDRF COPD, 1/2 Malnutrition, 1/2 A-Fib

REASON FOR CONSULTATION:

Track Change

ATTENDING PHYSICIAN'S SIGNATURE:

Martin Klahr

REPORT OF CONSULTATION (Opinion & Recommendation)

Good chg for Resp failure

He & DCT changed by the priest
supervised
PL looked well
Chm Leaky

and good chg

SIGNATURE OF CONSULTANT:

[Signature]

DATE:

4/2/09

COUNTERSIGNED M.D.

Patient Information

Kron, Marion
SSN: 118244899
Room: 130A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account 2309459-110556

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. MCCARTHY

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7944593X	1210061001	07/21/2008 08:25 AM	07/21/08	07/21/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

**** This Report Contains Critical Values ****

Chemistry

Glucose (grey)	H	118	65-99	mg/dL
FASTING Fasting? No Criteria for the diagnosis of diabetes:				
(Fasting Glucose)				
< 100 mg/dL: Normal fasting glucose				
100-125 mg/dL: Impaired fasting glucose				
> 125 mg/dL: Indicative of diabetes				
Ref: Diabetes Care 29:S43-S48, 2006				
Urea Nitrogen	H	25	9-23	mg/dL
Creatinine	L	0.5	0.6-1.1	mg/dL
eGFR (calculation)		>60	>60	
For African-Americans, multiply EGFR result x 1.2				
BUN/Creat Ratio	H	49.5	5.0-30.0	
Sodium		140	132-146	mEq/L
Potassium		4.8	3.5-5.5	mEq/L
Serum Appearance		Clear	Clear	
Chloride		99	99-109	mEq/L
Carbon Dioxide	VH	36	20-31	mEq/L
Calcium	L	8.2	8.5-10.4	mg/dL

Requisition Parameters

Fasting? -
No

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M. _____ DATE _____

COMPLETE REPORT

Patient Information

Iron, Marion
SSN: 118244899
Room: 130A

Shiel
medical laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account # 214213117170

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R80545231	1220084601	09/22/2008 09:40 AM	09/22/08	09/22/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Hematology

White Blood Count		7.0	4.0-11.0	x10 ³ /uL
Red Blood Count	L	3.40	3.80-5.40	x10 ⁶ /uL
Hemoglobin	L	10.2	11.1-14.7	g/dL
Hematocrit	L	33.0	34.0-45.0	%
MCV		97	78-102	fL
MCH		30.0	27.0-31.0	pg
MCHC	L	30.9	31.0-37.0	%
Neutrophils%		68.1	40.0-70.0	%
Lymphocytes%		22.0	20.0-40.0	%
Monocytes%		5.7	2.0-10.0	%
Eosinophils%		3.9	1.0-4.0	%
Basophils%		0.3	0.0-1.0	%
Neutrophils, Abs		4.8	1.6-7.8	x10 ³ /uL
Lymphocytes, Abs		1.5	1.0-4.5	x10 ³ /uL
Monocytes, Abs		0.4	<1.0	x10 ³ /uL
Eosinophils, Absolute		0.3	<0.7	x10 ³ /uL
Basophils, Abs.		0.0	<0.3	x10 ³ /uL
Platelets		272	150-450	x10 ³ /uL
RDW-CV		14.3	11.0-16.0	%
MPV		10.5	8.0-13.0	fL

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____
The data will be monitored for further evaluation, see patient chart.
M.D. _____ DATE _____

****COMPLETE REPORT****

Patient Information

Karron, Marion
SML Code: 568146
Room: 237A

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.
Director, Anatomic Pathology
Sundara R. Srichar, M.D.

Page 1 of 2 count 10953641-921473

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7404645X	105153	02/01/2008	02/01/08	02/04/2008	F	

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Diagnostic Immunology

Microbiology

RULE OUT MRSA

No growth

No growth

Lab Comments: No MRSA recovered

BACTERIOLOGY

Sputum Culture-

In Process

Gram Stain

In Process

Culture Result:

See below

Organism: Serratia marcescens: Many

Col/mL

ANTIBIOTIC

SENSITIVITY

Tetracycline

Susceptible

Trimeth/Sulfa

Susceptible

Ampicillin

Resistant

Nitrofurantoin

Resistant

Gentamicin

Susceptible

Cefazolin

Resistant

Amoxicillin/K Clav'ate

Resistant

Ciprofloxacin

Intermediate

Tobramycin

Susceptible

Ceftazidime

Resistant

Ampicillin/sulbactam

Resistant

Cefuroxime

Resistant

Levofloxacin

Susceptible

Cefoxitin

Susceptible

Cefepime

Susceptible

Aztreonam

Resistant

Imipenem

Susceptible

Ceftriaxone

Resistant

Ticarcillin/Clav Ac

Intermediate

Meropenem (C)

Susceptible

Cephalothin

Resistant

Amikacin

Susceptible

Cefotetan

Susceptible

Cefotaxime

Resistant

INCOMPLETE REPORT

MP -2408

Report Generated By Autolims on 02/04/2008 at 01:35 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
1953641-9214734

SILVERLAKE-KARRON-000068

Patient Information

Karron, Marion
 SSN: 118244899
 Room: 130A



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account Information 2113418-100509

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7680722W	1180035901	04/18/2008 08:31 AM	04/18/08	04/18/2008	F	77

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Hematology

White Blood Count		8.0	4.0-11.0	x10 ³ /uL
Red Blood Count	L 3.31		3.80-5.40	x10 ⁶ /uL
Hemoglobin	L 9.8		11.1-14.7	g/dL
Hematocrit	L 31.8		34.0-45.0	%
MCV		96	78-102	fL
MCH		29.6	27.0-31.0	pg
MCHC	L 30.8		31.0-37.0	%
Neutrophils%		62.8	40.0-70.0	%
Lymphocytes%		26.5	20.0-40.0	%
Monocytes%		6.1	2.0-10.0	%
Eosinophils%	H 4.3		1.0-4.0	%
Basophils%		0.3	0.0-1.0	%
Neutrophils, Abs		5.0	1.6-7.8	x10 ³ /uL
Lymphocytes, Abs		2.1	1.0-4.5	x10 ³ /uL
Monocytes, Abs		0.5	<1.0	x10 ³ /uL
Eosinophils, Abs		0.3	<0.7	x10 ³ /uL
Absolute Basophils, Abs.		0.0	<0.3	x10 ³ /uL
Platelets		222	150-450	x10 ³ /uL
RDW-CV		14.1	11.0-16.0	%
MPV		8.4	8.0-13.0	fL

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D.

DATE

The data will be monitored for further evaluation, see patient chart.

M..

DATE

Carly

****COMPLETE REPORT****

Generated By Autolims on 04/18/2008 at 02:44 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
 2113418-10050982

SILVERLAKE-KARRON-000069

Patient Information

Karron, Marion
SML Code: 568146
Room: 237A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Director, Anatomic Pathology
Sundara R. Sridhar, M.D.

Page 1 of 2 account 1955996-920564

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7404653Y	20409401	02/02/2008	02/02/08	02/05/2008	F	

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

BACTERIOLOGY

Sputum Culture-

Gram Stain

Culture Result:

Organism: Serratia marcescens:

Few Gram positive rods Many Gram negative rods Few Polys

Few Gram positive rods Many Gram ne

Positive

Col/mL

ANTIBIOTIC

SENSITIVITY

Tetracycline

Susceptible

Trimeth/Sulfa

Susceptible

Ampicillin

Resistant

Gentamicin

Susceptible

Cefazolin

Resistant

Amoxicillin/K Clav'ate

Resistant

Ciprofloxacin

Intermediate

Tobramycin

Resistant

Ceftazidime

Intermediate

Ampicillin/sulbactam

Resistant

Cefuroxime

Resistant

Levofloxacin

Susceptible

Cefoxitin

Resistant

Cefepime

Susceptible

Aztreonam

Resistant

Imipenem

Susceptible

Ceftriaxone

Intermediate

Ticarcillin/Clav Ac

Intermediate

Meropenem (C)

Susceptible

Cephalothin

Resistant

Amikacin

Susceptible

Cefotetan

Susceptible

Cefotaxime

Intermediate

Ertapenem

Susceptible

Moxifloxacin

Susceptible

Piperacillin/Tazobact

Resistant

Comments

COMPLETE REPORT

Shiel Medical Laboratory at Silverlake Nursing Home
275 Castleton Avenue, Staten Island, NY 10301

ARTERIAL BLOOD GAS REPORT

NAME (Last, First) Karron, Marion Date 1/23/08 ID# 15354
TIME DRAWN 5:50 I 1 AM 1 PM 4 PM

Point of Care
Blood Analyzers System
Patient Test Results
S/N: 24986

Tested on
1/23/08 05:55 PM

Calibration Successful

Cal Code 117-BC-AJL
Cartridge Lot EXR02
Test Number 2130

Patient ID: 15354

Patient Temperature
36.1°C 97.0°F

SpO₂ 77% mmHg

Measured @ 37.0 °C

pH 7.342

pCO₂ 58.4 mmHg

pO₂ 85.2 mmHg

Corrected to 36.1 °C

pH 7.354

pCO₂ 56.1 mmHg

pO₂ 88.4 mmHg

Ref. Ranges

pH 7.350-7.450

pCO₂ 35.0-45.0 mmHg

pO₂ 86.0-100.0 mmHg

Calculated Results

HCO₃- 31.3 mEq/L

tCO₂ 33.1 mEq/L

Base 3.8 mEq/L

Base 5.6 mEq/L

O₂ sat. 95.7 %

Rate for SpO₂ 15.0 g/dL

Sample Info:

Type: Arterial

Site: Right Radial

VENTILATOR SETTINGS

MODE (circle one) (A/C) SIMV CPAP T/C PS

FiO₂ 35-45

R.R. 14

VT 500

ASSISTING RATE

REFERENCE RANGE

pH 7.35 - 7.45

pCO₂ 35 - 45 mmHg

pO₂ 80 - 100 mmHg

HCO₃ 22 - 26 mmHg

tCO₂ 22 - 29 mmHg

BE-b -2 to +2 mmHg

BE-ecf -2 to +2 mmHg

O₂ sat. 97.0 - 100 %

COMMENTS:

Reported K. Scano

(Signature)

SILVERLAKE-KARRON-000071

Patient Information

Iron, Marion
SSN: 118244899
Room: 130A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2

2488256-11966489

Account Information

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R81600953	1150129301	10/15/2008 04:30 PM	10/15/08	10/15/2008	F	78

PATIENT RESULTS

Test	Out of Range	Within Range	Reference Range	Units
Neutrophils%	H 82.0		40.0-70.0	%
Lymphocytes%	L 11.1		20.0-40.0	%
Monocytes%		5.6	2.0-10.0	%
Eosinophils%		1.1	1.0-4.0	%
Basophils%		0.2	0.0-1.0	%
Neutrophils, Abs		5.5	1.6-7.8	x10 ³ /uL
Lymphocytes, Abs	L 0.8		1.0-4.5	x10 ³ /uL
Monocytes, Abs		0.4	<1.0	x10 ³ /uL
Eosinophils, Abs		0.1	<0.7	x10 ³ /uL
Absolute Basophils, Abs.		0.0	<0.3	x10 ³ /uL
Platelets		233	150-450	x10 ³ /uL
RDW-CV		15.4	11.0-16.0	%
MPV	L 7.2		8.0-13.0	fL

BACTERIOLOGY

Blood Culture-

In Process

Culture Result:

In Process

Anaerobic bottle test

In Process

Aerobic bottle test

In Process

Comments

Requisition Comments

Accessioning: Non Fasting

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____

DATE _____

These data will be monitored for further evaluation, see patient chart.

M. _____

DATE _____

INCOMPLETE REPORT

Report Generated By Autolims on 10/15/2008 at 09:00 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2488256-11966489

SILVERLAKE-KARRON-000072

Patient Information

Karron, Marion
SSN: 118244899
Room: 130A

Shiel
medical laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2 Ac 2498280-11968507

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R81600953	1150129301	10/15/2008 04:30 PM	10/15/08	10/21/2008	F	78

PATIENT RESULTS

Test	Out of Range	Within Range	Reference Range	Units
Neutrophils%	H 82.0		40.0-70.0	%
Lymphocytes%	L 11.1		20.0-40.0	%
Monocytes%		5.6	2.0-10.0	%
Eosinophils%		1.1	1.0-4.0	%
Basophils%		0.2	0.0-1.0	%
Neutrophils, Abs		5.5	1.6-7.8	x10 ³ /uL
Lymphocytes, Abs	L 0.8		1.0-4.5	x10 ³ /uL
Monocytes, Abs		0.4	<1.0	x10 ³ /uL
Eosinophils, Abs		0.1	<0.7	x10 ³ /uL
Absolute				
Basophils, Abs.		0.0	<0.3	x10 ³ /uL
Platelets		233	150-450	x10 ³ /uL
RDW-CV		15.4	11.0-16.0	%
MPV	L 7.2		8.0-13.0	fL

BACTERIOLOGY

Blood Culture-

Culture Result:

Anaerobic bottle test

Aerobic bottle test

No growth after 5 days

No growth after 5 days

No growth after 5 days

No growth after 5 days

Comments

Requisition Comments

Accessioning: Non Fasting

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.

DATE

These data will be monitored for further evaluation, see patient chart.

M.D.

DATE

COMPLETE REPORT

Report Generated By Autolims on 10/21/2008 at 12:11 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2498280-11968507

SILVERLAKE-KARRON-000073

Patient Information

Iron, Marion
SSN: 118244899
Room: 130A

Shiel
medical laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account 2440892-116817

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R80546033	1180073401	09/17/2008	09/18/08	09/22/2008	F	78

PATIENT RESULTS

Test

Out of Range

Within Range

Reference Range

Units

BACTERIOLOGY

Wound Culture-GI Tube site

See below

Culture Result:

See below

Organism: *Providencia stuartii*:

Many

Col/mL

ANTIBIOTIC

SENSITIVITY

Tetracycline

Resistant

Trimeth/Sulfa

Resistant

Ampicillin

Resistant

Cefazolin

Resistant

Amoxicillin/K Clav'ate

Resistant

Ciprofloxacin

Resistant

Tobramycin

Resistant

Ceftazidime

Intermediate

Ampicillin/sulbactam

Resistant

Cefuroxime

Resistant

Levofloxacin

Resistant

Cefoxitin

Susceptible -

Cefepime

Resistant

Aztreonam

Susceptible

Imipenem

Intermediate

Ceftriaxone

Intermediate

Ticarcillin/Clav Ac

Intermediate

Meropenem (C)

Susceptible -

Cephalothin

Resistant

Amikacin

Susceptible

Cefotetan

Susceptible -

Cefotaxime

Intermediate

Moxifloxacin

Resistant

Piperacillin/Tazobact

Susceptible

Comments

Dylen

COMPLETE REPORT

Patient Information

Karron, Marion
 SSN: 118244899
 Room: 130A

Shiel
 Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Count 12204628-105236

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R78295274	1010014101	06/01/2008	06/01/08	06/02/2008	F	77

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Chemistry

Glucose (grey) H 166 65-99 mg/dL

FASTING Fasting? No Criteria for the diagnosis of diabetes:

(Fasting Glucose)

<100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

>125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen 16 9-23 mg/dL

Creatinine L 0.5 0.6-1.1 mg/dL

eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 31.5 5.0-30.0

Sodium 144 132-146 mEq/L

Potassium 4.6 3.5-5.5 mEq/L

Serum Appearance Clear Clear

Chloride 99 99-109 mEq/L

Carbon Dioxide H 32 20-31 mEq/L

Calcium L 8.2 8.5-10.4 mg/dL

Hematology

White Blood Count H 12.9 4.0-11.0 $\times 10^3/\mu\text{L}$

Red Blood Count L 3.51 3.80-5.40 $\times 10^6/\mu\text{L}$

Hemoglobin L 10.0 11.1-14.7 g/dL

Hematocrit L 33.1 34.0-45.0 %

MCV 94 78-102 fL

MCH 28.6 27.0-31.0 pg

MCHC L 30.4 31.0-37.0 %

Platelets 272 150-450 $\times 10^3/\mu\text{L}$

RDW-CV 13.1 11.0-16.0 %

MPV 9.6 8.0-13.0 fL

Manual Differential

Neutrophils%-DIF H 85 40-70 %

Neutrophils abs H 11.0 1.6-7.8 $\times 10^3/\mu\text{L}$

Lymphocytes%-DIF L 8 20-40 %

Lymphs abs-DIF 1.0 1.0-4.5 $\times 10^3/\mu\text{L}$

****COMPLETE REPORT****

Patient Information

Karron, Marion
SML Code: 568146
Room: 237A

Shiel
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2 A2006570-9496404

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R75446182	2600877	02/26/2008 06:00 AM	02/26/08	02/29/2008	F	

Test

Complete Results Originally Reported on 02/29/2008 02:57 PM
PATIENT RESULTS
Out of Range Within Range Reference Range Units

Gentamicin	Susceptible
Cefazolin	Susceptible
Amoxicillin/K Clav'ate	Intermediate
Ciprofloxacin	Resistant
Tobramycin	Susceptible
Ceftazidime	Susceptible
Ampicillin/sulbactam	Resistant
Cefuroxime	Susceptible
Levofloxacin	Resistant
Cefoxitin	Susceptible
Cefepime	Susceptible
Aztreonam	Susceptible
Imipenem	Susceptible
Ceftriaxone	Susceptible
Ticarcillin/Clav Ac	Intermediate
Cephalothin	Intermediate
Cefotaxime	Susceptible
Ertapenem	Susceptible
Piperacillin/Tazobact	Susceptible
Amikacin	Susceptible
Cefotetan	Susceptible

****Comments****

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M. D. _____ DATE _____
These data will be monitored for further evaluation, see patient chart.
M. D. _____ DATE _____

N

****COMPLETE REPORT****



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account 2212778-105620

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Patient Information
Karron, Marion
SSN: 118244899
Room: 130A

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R78294367	1040035302	06/04/2008 08:59 AM	06/04/08	06/04/2008	F	77

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Chemistry

Glucose 96 65-99 mg/dL

Criteria for the diagnosis of diabetes:

(Fasting Glucose)

<100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

>125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen 16 9-23 mg/dL

Creatinine L 0.4 0.6-1.1 mg/dL

eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 40.6 5.0-30.0

Sodium 143 132-146 mEq/L

Potassium 4.5 3.5-5.5 mEq/L

Serum Appearance Clear Clear

Chloride 105 99-109 mEq/L

Carbon Dioxide 29 20-31 mEq/L

Calcium 8.7 8.5-10.4 mg/dL

Protein, Total L 5.8 6.0-8.3 g/dL

Albumin L 3.0 3.2-4.8 g/dL

Globulin 2.8 1.9-4.0 g/dL

A/G Ratio 1.1 1.0-2.5 Ratio

Alkaline Phosphatase H 148 45-129 IU/L

AST (SGOT) 20 13-40 IU/L

ALT (SGPT) 32 10-49 IU/L

Bilirubin, Total L 0.2 0.3-1.2 mg/dL

Hematology

White Blood Count H 13.4 4.0-11.0 x10³/uL

Red Blood Count L 3.21 3.80-5.40 x10⁶/uL

Hemoglobin L 9.7 11.1-14.7 g/dL

Hematocrit L 30.5 34.0-45.0 %

MCV 95 78-102 fL

MCH 30.3 27.0-31.0 pg

COMPLETE REPORT

Report Generated By Autolims on 06/04/2008 at 10:27 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2212778-10562050

Rg/61

SILVERLAKE-KARRON-000077

Patient Information

Karron, Marion
JML Code: 568146
Room: 237A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Director, Anatomic Pathology
Sundara R. Sridhar, M.D.

Page 1 of 2 account 1955757-921690

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7404645X	105153	02/01/2008	02/01/08	02/05/2008	F	

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Diagnostic Immunology

Microbiology

RULE OUT MRSA

No growth

No growth

Lab Comments: No MRSA recovered

BACTERIOLOGY

Sputum Culture-

Gram Stain

Few Polys Many Gram negative rods Few Gram positive rods

Culture Result:

Few Polys Many Gram negative rods F

Organism: Serratia marcescens: Many

Col/mL

ANTIBIOTIC

SENSITIVITY

Tetracycline

Susceptible

Trimeth/Sulfa

Susceptible

Ampicillin

Resistant

Nitrofurantoin

Resistant

Gentamicin

Susceptible

Cefazolin

Resistant

Amoxicillin/K Clav'ate

Resistant

Ciprofloxacin

Intermediate

Tobramycin

Susceptible

Ceftazidime

Resistant

Ampicillin/sulbactam

Resistant

Cefuroxime

Resistant

Levofloxacin

Susceptible

Cefoxitin

Susceptible

Cefepime

Susceptible

Aztreonam

Resistant

Imipenem

Susceptible

Ceftriaxone

Resistant

Ticarcillin/Clav Ac

Intermediate

Meropenem (C)

Susceptible

Cephalothin

Resistant

Amikacin

Susceptible

Cefotetan

Susceptible

Cefotaxime

Resistant

COMPLETE REPORT



Patient Information

Karron, Marion
SSN: 118244899
Room: 130A

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

MC CARTHY

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7631013H	1150107501	04/15/2008	04/15/08	04/19/2008	F	77

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Cefazolin	Susceptible
Amoxicillin/K Clav'ate	Susceptible
Ciprofloxacin	Resistant
Tobramycin	Susceptible
Ceftazidime	Susceptible
Ampicillin/sulbactam	Susceptible
Cefuroxime	Susceptible
Levofloxacin	Resistant
Cefoxitin	Susceptible
Cefepime	Susceptible
Aztreonam	Susceptible
Mipenem	Susceptible
Ceftriaxone	Susceptible
Ticarcillin/Clav Ac	Susceptible
Cephalothin	Susceptible
Amikacin	Susceptible
Cefotetan	Susceptible
Cefotaxime	Susceptible
Ertapenem	Susceptible
Piperacillin/Tazobact	Susceptible

Comments

Requisition Comments

Reported to: Silverlake NH - Stats at 04/17/08 10:02 AM

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

The data will be monitored for further evaluation, see patient chart.

M.I. _____ DATE _____

COMPLETE REPORT

Report generated By Autolims on 04/19/2008 at 12:35 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2114665-10018313

SILVERLAKE-KARRON-000079

Patient Information

Karron, Marion
SSN: 118244899
Room: 130A

Shiel
medical laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account 2096494-996177

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

MC CARTHY

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7680806P	1100043102	04/10/2008	04/10/08	04/11/2008	F	77

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Chemistry

Glucose (grey) H 103 65-99 mg/dL
FASTING Fasting? No Criteria for the diagnosis of diabetes:
(Fasting Glucose)

<100 mg/dL: Normal fasting glucose
100-125 mg/dL: Impaired fasting glucose
>125 mg/dL: Indicative of diabetes
Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen H 31 5-25 mg/dL
Creatinine 0.8 0.6-1.1 mg/dL
eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 38.8 5.0-30.0
Sodium 142 133-146 mEq/L
Potassium 4.0 3.4-5.4 mEq/L
Chloride 102 94-113 mEq/L
Carbon Dioxide H 32 19-31 mEq/L
Calcium 9.1 8.1-10.3 mg/dL
Protein, Total L 5.6 5.9-8.2 g/dL
Albumin L 2.3 3.2-4.5 g/dL
Globulin 3.3 1.9-4.0 g/dL
A/G Ratio L 0.7 1.0-2.5 Ratio
Alkaline 104 31-140 IU/L
Phosphatase
AST (SGOT) 17 10-40 IU/L
ALT (SGPT) 27 5-50 IU/L
Bilirubin, Total 0.4 0.1-1.5 mg/dL

Endocrinology

Thyroxine (T4) 8.1 4.5-10.9 ug/dL
T3-Uptake H 40.7 22.5-37.0 %
TSH 3rd Generation 2.84 0.35-5.50 uIU/mL

Hematology

White Blood Count 10.8 4.0-11.0 x10³/uL
Red Blood Count L 3.40 3.80-5.40 x10⁶/uL
Hemoglobin L 9.9 11.1-14.7 g/dL

****COMPLETE REPORT****

Report Generated By Autolims on 04/11/2008 at 05:17 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2096494-9961775

SILVERLAKE-KARRON-000080

Patient Information

Karron, Marion
SML Code: 766233
Room: 240A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account Information 2713785-13131655

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8317155S	1030027101	02/03/2009 08:45 AM	02/03/2009	02/03/2009	U	

Complete Results Originally Reported on 02/03/2009 12:36 PM

Test Out of Range Within Range Reference Range Units

**** This Report Contains Critical Values ****

Chemistry

Glucose (grey) H 198 65-99 mg/dL
Fasting? No

Criteria for the diagnosis of diabetes:

(Fasting Glucose)

< 100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

> 125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen VH 131 9-23 mg/dL
Confirmed

Creatinine 1.0 0.6-1.3 mg/dL

BUN/Creat Ratio H 131.3 5.0-30.0

Sodium H 150 132-146 mEq/L

Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history

Potassium 4.6 3.5-5.5 mEq/L

Chloride H 112 99-109 mEq/L

Carbon Dioxide H 32 20-31 mEq/L

Calcium 9.0 8.5-10.4 mg/dL

****Requisition Comments****

Accessioning: Non Fasting

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

****COMPLETE REPORT****

Patient Information

Karron, Marion
SSN: 118244899
Room: 130A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account Information 2488256-119664

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R81600953	1150129301	10/15/2008 04:30 PM	10/15/08	10/15/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Chemistry

Glucose H 149 65-99 mg/dL

Criteria for the diagnosis of diabetes:

(Fasting Glucose)

<100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

>125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen H 50 9-23 mg/dL

Creatinine 0.6 0.6-1.1 mg/dL

eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 83.0 5.0-30.0

Sodium 144 132-146 mEq/L

Potassium 5.3 3.5-5.5 mEq/L

Chloride 99 99-109 mEq/L

Carbon Dioxide H 35 20-31 mEq/L

Calcium 9.9 8.5-10.4 mg/dL

Protein, Total 6.3 6.0-8.3 g/dL

Albumin 3.2 3.2-4.8 g/dL

Globulin 3.2 1.9-4.0 g/dL

A/G Ratio 1.0 1.0-2.5 Ratio

Alkaline Phosphatase H 191 45-129 IU/L

AST (SGOT) H 38 13-40 IU/L

ALT (SGPT) H 54 10-49 IU/L

Bilirubin, Total L 0.1 0.3-1.2 mg/dL

Hematology

White Blood Count 6.7 4.0-11.0 x10³/uL

Red Blood Count L 2.87 3.80-5.40 x10⁶/uL

Hemoglobin L 9.0 11.1-14.7 g/dL

Hematocrit L 26.6 34.0-45.0 %

MCV 93 78-102 fL

MCH H 31.3 27.0-31.0 pg

MCHC 33.9 31.0-37.0 %

****INCOMPLETE REPORT****

P. Walsh

Patient Information

Karron, Marion
N: 118244899
om:130



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 2084774-983269
Account Information

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

MCCARTHY

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7631237V	1310075703	03/31/2008	03/31/08	04/06/2008	F	77

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Chemistry

Glucose (grey) H 127 65-99 mg/dL

FASTING Fasting? Not Provided

Criteria for the diagnosis of diabetes:

(Fasting Glucose)

<100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

>125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen 24 5-25 mg/dL

Creatinine 0.9 0.6-1.1 mg/dL

eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

B Creat Ratio 26.7 5.0-30.0

Sodium 144 133-146 mEq/L

Potassium 4.4 3.4-5.4 mEq/L

Chloride 103 94-113 mEq/L

Carbon Dioxide H 34 19-31 mEq/L

Calcium 9.2 8.1-10.3 mg/dL

Hematology

White Blood Count H 17.0 4.0-11.0 x10³/uL

Red Blood Count L 3.56 3.80-5.40 x10⁶/uL

Hemoglobin L 10.4 11.1-14.7 g/dL

Hematocrit L 33.9 34.0-45.0 %

Platelets 338 150-450 x10³/uL

BACTERIOLOGY

Blood Culture-

No growth after 5 days

Culture Result:

No growth after 5 days

Anaerobic bottle test

No growth after 5 days

Aerobic bottle test

No growth after 5 days

****Comments****

Bd Culture-

No growth after 5 days

Culture Result:

No growth after 5 days

Anaerobic bottle test

No growth after 5 days

****COMPLETE REPORT****

Patient Information

Karron, Marion
SSN: 118244899
Room: 130A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account 2498280-119685

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R81600953	1150129301	10/15/2008 04:30 PM	10/15/08	10/21/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Chemistry

Glucose H 149 65-99 mg/dL

Criteria for the diagnosis of Diabetes:
(Fasting Glucose)

<100 mg/dL: Normal fasting glucose
100-125 mg/dL: Impaired fasting glucose
>125 mg/dL: Indicative of diabetes
Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen H 50 9-23 mg/dL

Creatinine 0.6 0.6-1.1 mg/dL

eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 83.0 5.0-30.0

Sodium 144 132-146 mEq/L

Potassium 5.3 3.5-5.5 mEq/L

Chloride 99 99-109 mEq/L

Carbon Dioxide H 35 20-31 mEq/L

Calcium 9.9 8.5-10.4 mg/dL

Protein, Total 6.3 6.0-8.3 g/dL

Albumin 3.2 3.2-4.8 g/dL

Globulin 3.2 1.9-4.0 g/dL

A/G Ratio 1.0 1.0-2.5 Ratio

Alkaline Phosphatase H 191 45-129 IU/L

ALT (SGOT) 38 13-40 IU/L

ALT (SGPT) H 54 10-49 IU/L

Bilirubin, Total L 0.1 0.3-1.2 mg/dL

Hematology

White Blood Count 6.7 4.0-11.0 x10³/uL

Red Blood Count L 2.87 3.80-5.40 x10⁶/uL

Hemoglobin L 9.0 11.1-14.7 g/dL

Hematocrit L 26.6 34.0-45.0 %

MCV 93 78-102 fL

MCH H 31.3 27.0-31.0 pg

MCHC 33.9 31.0-37.0 %

****COMPLETE REPORT****

Report Generated By Autolims on 10/21/2008 at 12:11 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2498280-11968507

SILVERLAKE-KARRON-000084

Patient Information

Iron, Marion
SSN: 118244899
Room: 130A

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account Information 2447301-117444

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8117583J	1240013301	09/24/2008 08:55 AM	09/24/08	09/24/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Chemistry

Glucose (grey) H 119 65-99 mg/dL
FASTING Fasting? No Criteria for the diagnosis of diabetes:

(Fasting Glucose)
<100 mg/dL: Normal fasting glucose
100-125 mg/dL: Impaired fasting glucose
>125 mg/dL: Indicative of diabetes
Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen H 24 9-23 mg/dL
Creatinine L 0.5 0.6-1.1 mg/dL
eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 48.8 5.0-30.0
Sodium 139 132-146 mEq/L
Potassium 4.2 3.5-5.5 mEq/L
Chloride L 97 99-109 mEq/L
Carbon Dioxide H 35 20-31 mEq/L
Calcium 9.9 8.5-10.4 mg/dL
Protein, Total L 5.9 6.0-8.3 g/dL
Albumin L 3.0 3.2-4.8 g/dL
Globulin 2.9 1.9-4.0 g/dL
A/G Ratio 1.1 1.0-2.5 Ratio
Alkaline Phosphatase H 186 45-129 IU/L
ALT (SGOT) 35 13-40 IU/L
AST (SGPT) 38 10-49 IU/L
Bilirubin, Total L 0.1 0.3-1.2 mg/dL

Hematology

White Blood Count 9.4 4.0-11.0 x10³/uL
Red Blood Count L 3.46 3.80-5.40 x10⁶/uL
Hemoglobin L 10.1 11.1-14.7 g/dL
Hematocrit L 32.6 34.0-45.0 %
Platelets 284 150-450 x10³/uL

Requisition Parameters
COMPLETE REPORT

Rep Generated By Autolims on 09/24/2008 at 01:51 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2447301-11744490

SILVERLAKE-KARRON-000085

SILVER LAKE
SPECIALIZED CARE CENTER

CONSULTATION REQUEST AND RECORD

Karron Marion

240
#30

DATE OF REQUEST:

Jan 23 2009

ATTENDING PHYSICIAN (REQUESTING CONSULT)

McCarthy

TYPE OF CONSULTATION:

Surgical (Dr Kopatsis)

DIAGNOSIS:

YDRF, COPD, 1/2 Malnutrition, 1/2 A-fib

REASON FOR CONSULTATION:

Sacral Ulcer

ATTENDING PHYSICIAN'S SIGNATURE:

John Diller

REPORT OF CONSULTATION (Opinion & Recommendation)

⊕ Large deep sacral decubitus

extrem sharp wound debris
skin, subcutaneous, muscle & bone
bare.

F&D of deep sacral ulcer
with debris

Wound 1.5cm x 12 x 10cm
1+2 DAKIN x 10cm
PR PR

SIGNATURE OF CONSULTANT:

[Signature]

COUNTERSIGNED M.D.

[Signature]

DATE:

2/6/9

3/5/9

Patient Information

Karron, Marion
SSN: 118244899

Shiel
medical laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account 2145322-102108

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7738360L	1040008901	05/04/2008	05/04/08	05/04/2008	F	77

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Chemistry

Glucose (grey) H 157 65-99 mg/dL
Fasting? No Criteria for the diagnosis of diabetes:
(Fasting Glucose)
<100 mg/dL: Normal fasting glucose
100-125 mg/dL: Impaired fasting glucose
>125 mg/dL: Indicative of diabetes
Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen H 38 5-25 mg/dL
Creatinine 1.1 0.6-1.1 mg/dL
eGFR (calculation) L 51 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 34.5 5.0-30.0
Sodium 139 133-146 mEq/L
Potassium 4.2 3.4-5.4 mEq/L
Chloride 100 94-113 mEq/L
Carbon Dioxide H 34 19-31 mEq/L
Calcium 8.8 8.1-10.3 mg/dL

Hematology

White Blood Count H 14.8 4.0-11.0 x10³/uL
Red Blood Count L 3.13 3.80-5.40 x10⁶/uL
Hemoglobin L 9.5 11.1-14.7 g/dL
Hematocrit L 30.4 34.0-45.0 %
MCV 97 78-102 fL
MCH 30.2 27.0-31.0 pg
MCHC 31.1 31.0-37.0 %
Platelets 221 150-450 x10³/uL
RDW-CV 13.4 11.0-16.0 %
MPV 8.8 8.0-13.0 fL

Manual Differential

Neutrophils%-DIF H 89 40-70 %
Neutrophils abs H 13.1 1.6-7.8 x10³/uL
Lymphocytes%-DIF L 4 20-40 %
Lymphs abs-DIF L 0.6 1.0-4.5 x10³/uL
Monocytes%-DIF 4 2-10 %

COMPLETE REPORT

Patient Information

Karron, Marion
 SSN: 118244899
 Room: 130A



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account 2456541-117891

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8117496D	1290067801	09/29/2008 09:20 AM	09/29/08	09/29/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Chemistry

Glucose (grey) H 148 65-99 mg/dL

FASTING Fasting? No Criteria for the diagnosis of diabetes:

(Fasting Glucose)

<100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

>125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen H 28 9-23 mg/dL

Creatinine L 0.5 0.6-1.1 mg/dL

eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

Bun/Creat Ratio H 56.9 5.0-30.0

Sodium 138 132-146 mEq/L

Potassium 4.3 3.5-5.5 mEq/L

Chloride L 95 99-109 mEq/L

Carbon Dioxide H 34 20-31 mEq/L

Calcium 9.4 8.5-10.4 mg/dL

Protein, Total 6.0 6.0-8.3 g/dL

Amin L 3.1 3.2-4.8 g/dL

Globulin 2.9 1.9-4.0 g/dL

A/G Ratio 1.1 1.0-2.5 Ratio

Alkaline H 190 45-129 IU/L

Phosphatase H

AST (SGOT) 32 13-40 IU/L

ALT (SGPT) 34 10-49 IU/L

Bilirubin, Total L 0.1 0.3-1.2 mg/dL

Requisition Parameters

Fasting? -
 No

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. DATE

These data will be monitored for further evaluation, see patient chart.

M. DATE

COMPLETE REPORT

Report Generated By Autolims on 09/29/2008 at 02:01 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim

2456541-11789169

SILVERLAKE-KARRON-000088

Patient Information

Karron, Marion
 I: 118244899
 Room: 130



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account Information 2084325-989658

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

MCCARTHY

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7680717N	1050016201	04/05/2008 11:55 AM	04/05/08	04/05/2008	F	77

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Chemistry

Glucose (grey) 93 65-99 mg/dL
 FASTING Fasting? No Criteria for the diagnosis of diabetes:

(Fasting Glucose)
 <100 mg/dL: Normal fasting glucose
 100-125 mg/dL: Impaired fasting glucose
 >125 mg/dL: Indicative of diabetes
 Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen H 31 5-25 mg/dL
 Creatinine 0.9 0.6-1.1 mg/dL
 eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

B Creat Ratio H 34.4 5.0-30.0
 Sodium 145 133-146 mEq/L
 Potassium 4.6 3.4-5.4 mEq/L
 Chloride 100 94-113 mEq/L
 Carbon Dioxide 31 19-31 mEq/L
 Calcium 9.5 8.1-10.3 mg/dL

Hematology

White Blood Count H 15.5 4.0-11.0 x10³/uL
 Red Blood Count L 3.41 3.80-5.40 x10⁶/uL
 Hemoglobin L 10.1 11.1-14.7 g/dL
 Hematocrit L 33.5 34.0-45.0 %
 MCV 98 78-102 fL
 MCH 29.6 27.0-31.0 pg
 MCHC L 30.1 31.0-37.0 %
 Neutrophils% H 80.3 40.0-70.0 %
 Lymphocytes% L 13.6 20.0-40.0 %
 Monocytes% 5.1 2.0-10.0 %
 Eosinophils% L 0.8 1.0-4.0 %
 Basophils% 0.2 0.0-1.0 %
 Neutrophils, Abs H 12.5 1.6-7.8 x10³/uL
 Lymphocytes, Abs 2.1 1.0-4.5 x10³/uL
 Monocytes, Abs 0.8 <1.0 x10³/uL
 Eosinophils, 0.1 <0.7 x10³/uL

****COMPLETE REPORT****



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account Information 2190766-104470

Patient Information

Karron, Marion
SSN: 118244899
Room: 130A

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7738333P	1230081701	05/22/2008	05/23/08	05/25/2008	F	77

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Urinalysis

Color, Urine	Yellow	Yellow-Straw	
Appearance, Urine	Clear	Clear	
pH, Urine	6.0	5.0-8.0	
Specific Gravity	1.021	1.005-1.030	R.I.
Bilirubin, Urine	NEGATIVE	NEGATIVE	
Blood, Urine	NEGATIVE	NEGATIVE	
Leuk. Esterase, U	NEGATIVE	NEGATIVE	
Nitrites, Urine	NEGATIVE	NEGATIVE	
Glucose, Urine	NEGATIVE	NEGATIVE	mg/dL
ketones, Urine	NEGATIVE	NEGATIVE	mg/dL
Protein, Urine	NEGATIVE	NEGATIVE	mg/dL
Urobilinogen, U	0.2	0.0-1.0	mg/dL

Urine Microscopic

RBC, Urine	0-5	0-5	/HPF
WBC, Urine	None seen	None seen	/HPF
Bacteria, Urine	None seen	None seen	/HPF
Epithelial Cells	None seen	None seen	/HPF
Crystals	None seen	None seen	/HPF
Casts, Hyaline	None seen	None seen	/HPF
Yeast	None seen	None seen	/HPF

BACTERIOLOGY

Urine Culture-	< 10,000
Colony Count	< 10,000
Culture Result:	< 10,000

****Comments****

R. Silva

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

****COMPLETE REPORT****

Patient Information

Karron, Marion
SML Code: 568146
Room: 237A

Shiel
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of Account 12000295-945737

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R75446182	2600877	02/26/2008 06:00 AM	02/26/08	02/27/2008	F	

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Urinalysis

Color, Urine	Yellow	Yellow-Straw	
Appearance, Urine	Clear	Clear	
pH, Urine	6.0	5.0-8.0	
Specific Gravity	1.015	1.005-1.030	R.I.
Bilirubin, Urine	NEGATIVE	NEGATIVE	
Blood, Urine	NEGATIVE	NEGATIVE	
Leuk. Esterase, U	NEGATIVE	NEGATIVE	
Nitrites, Urine	H POSITIVE	NEGATIVE	
Glucose, Urine	NEGATIVE	NEGATIVE	mg/dL
Ketones, Urine	NEGATIVE	NEGATIVE	mg/dL
Protein, Urine	NEGATIVE	NEGATIVE	mg/dL
Urobilinogen, U	0.2	0.0-1.0	mg/dL

Urine Microscopic

RBC, Urine		None seen	/HPF
WBC, Urine		None seen	/HPF
Bacteria, Urine	H Moderate	None seen	/HPF
Epithelial Cells	H Few	None seen	/HPF
Crystals	H Moderate	None seen	/HPF
	H Calcium		
	H Oxalate		
	H Crystals		
Casts, Hyaline		None seen	/HPF
Yeast		None seen	/HPF

ACTERIOLOGY

Urine Culture- In Process
Colony Count In Process
Culture Result: In Process

Comments

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

****INCOMPLETE REPORT****

Report Generated By Autolims on 02/27/2008 at 06:47 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2000295-9457375

SILVERLAKE-KARRON-000091

Patient Information

Jarron, Marion
JML Code: 568146
Room: 237A

Shiel
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account 2006570-949640

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R75446182	2600877	02/26/2008 06:00 AM	02/26/08	02/29/2008	F	

Test

PATIENT RESULTS
Complete Results Originally Reported on 02/29/2008 02:57 PM
Out of Range Within Range Reference Range Units

Urinalysis

Color, Urine		Yellow	Yellow-Straw	
Appearance, Urine		Clear	Clear	
pH, Urine		6.0	5.0-8.0	
Specific Gravity		1.015	1.005-1.030	R.I.
Bilirubin, Urine		NEGATIVE	NEGATIVE	
Blood, Urine		NEGATIVE	NEGATIVE	
Leuk. Esterase, U		NEGATIVE	NEGATIVE	
Nitrites, Urine	H	POSITIVE	NEGATIVE	
Glucose, Urine		NEGATIVE	NEGATIVE	mg/dL
ketones, Urine		NEGATIVE	NEGATIVE	mg/dL
Protein, Urine		NEGATIVE	NEGATIVE	mg/dL
Urobilinogen, U		0.2	0.0-1.0	mg/dL
Urine Microscopic				
RBC, Urine		None seen	None seen	/HPF
WBC, Urine		None seen	None seen	/HPF
Bacteria, Urine	H	Moderate	None seen	/HPF
Epithelial Cells	H	Few	None seen	/HPF
Crystals	H	Moderate	None seen	/HPF
	H	Calcium		
	H	Oxalate		
	H	Crystals		
Casts, Hyaline		None seen	None seen	/HPF
Yeast		None seen	None seen	/HPF

BACTERIOLOGY

Urine Culture- >100,000
Colony Count >100,000
Culture Result: See below
Organism: Escherichia coli
ANTIBIOTIC SENSITIVITY
Tetracycline Susceptible
Trimeth/Sulfa Susceptible
Ampicillin Resistant
Nitrofurantoin Susceptible

COMPLETE REPORT

13/1

Patient Information

Karron, Marion
 SSN: 118244899
 Room: 130A

shiel
 medical laboratory
 Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account Information 2494545-119810

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R81600961	1160088801	10/15/2008	10/16/08	10/19/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Urinalysis

Color, Urine	Yellow	Yellow-Straw	
Appearance, Urine	Clear	Clear	
pH, Urine	6.5	5.0-8.0	
Specific Gravity	1.020	1.005-1.030	R.I.
Bilirubin, Urine	NEGATIVE	NEGATIVE	
Blood, Urine	NEGATIVE	NEGATIVE	
Leuk. Esterase, U	NEGATIVE	NEGATIVE	
Nitrites, Urine	NEGATIVE	NEGATIVE	
Glucose, Urine	NEGATIVE	NEGATIVE	mg/dL
Ketones, Urine	NEGATIVE	NEGATIVE	mg/dL
Protein, Urine	NEGATIVE	NEGATIVE	mg/dL
Urobilinogen, U	0.2	0.0-1.0	mg/dL

Urine Microscopic

RBC, Urine	<5	<5	/HPF
WBC, Urine	<5	<5	/HPF
Bacteria, Urine	None seen	None seen	/HPF
Epithelial Cells	None seen	None seen	/HPF
Crystals	None seen	None seen	/HPF
Casts, Hyaline	None seen	None seen	/HPF
Yeast	None seen	None seen	/HPF

BACTERIOLOGY

Urine Culture- 40,000
 Colony Count 40,000
 Culture Result: See below

Organism: Enterococcus faecalis

ANTIBIOTIC	SENSITIVITY
Tetracycline	Susceptible
Penicillin	Susceptible
Ampicillin	Susceptible
Rifampin/Rifampicin	Susceptible
Nitrofurantoin	Susceptible
Norfloxacin	Susceptible
Ciprofloxacin	Susceptible

****COMPLETE REPORT****

R 10/20/08

SILVERLAKE-KARRON-000093

Staten Island University Hospital

PEG Procedure Report

Patient: Ms. Marion Karron
Patient ID: 001687409
Exam Date: 09/11/2008

Attending Physician: Jeffrey Kalman M.D.
Referring Physician:

720-5928

INTRODUCTION:

78 year old female patient presents for an elective outpatient EGD. The indication for the procedure was peg placement.

CLINICAL HISTORY & PHYSICAL EXAMINATION:

The patient's clinical history and physical examination were performed and are documented in the patient's record.

CONSENT:

The benefits, risks, and alternatives to the procedure were discussed and informed consent was obtained from the patient.

PREPARATION:

EKG, pulse, pulse oximetry and blood pressure monitored.

PROCEDURE:

The endoscope was passed with ease under direct visualization to the esophagus.

FINDINGS:

HYPOPHARYNX: The hypopharynx appeared normal.

ESOPHAGUS: The esophagus appeared normal.

GE-JUNCTION: At 40 cm from the gums,

STOMACH: There was evidence of nonerosive gastritis of the stomach.

PYLORUS: The pylorus appeared normal.

DUODENUM: The duodenum appeared normal.

THERAPY: Percutaneous endoscopic gastrostomy: In a darkened room, the abdominal wall was transilluminated and the puncture site was chosen. Indentation of the gastric wall by external finger pressure was demonstrated. The skin was surgically prepared and anesthetized with xylocaine. A small incision was made with a surgical blade and a 25 gauge needle with cannula was inserted through the abdominal wall. A guide wire was passed through the cannula, was caught by the snare passed through the endoscope and brought out through the mouth. A Corflo 20 Fr PEG tube was secured to the guide wire and pulled through the abdominal wall. The gastrostomy tube was secured with the outer flange positioned at 3 cm. There were no complications, and the patient tolerated the procedure well.

IMPRESSION:

1. Nonerosive gastritis of the stomach. [535.40].

RECOMMENDATION:

- Do not use the gastrostomy tube for 24 hours.
- Do not clamp the feeding tube, cap it.
- NPO for 24 hours.
- Continue current IV fluids.
- G-tube to gravity drainage.
- Change G-tube dressing daily.
- After 24 hours, begin sterile water at 50 cc's per hour via G-tube for 4 hours.
- If no pain, fever, complications from patient, begin tube feeding per recommendations of attending physician.
- If any questions arise regarding PEG tube, notify me.

Jeffrey Kalman M.D.

09/11/2008

SILVERLAKE-KARRON-000094

Patient Information

Karron, Marion
 SSN: 118244899
 Room: 130A



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account 2296132-109828

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

MCCARTHY

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7882263B	1140158401	07/14/2008 03:30 PM	07/14/08	07/15/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Chemistry

Glucose H 107 65-99 mg/dL

Criteria for the diagnosis of diabetes:

(Fasting Glucose)

<100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

>125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen 23 9-23 mg/dL

Creatinine 0.6 0.6-1.1 mg/dL

eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 38.1 5.0-30.0

Sodium 143 132-146 mEq/L

Potassium 5.3 3.5-5.5 mEq/L

Serum Appearance H Slightly Clear

H Hemolyzed

Potassium levels may be elevated due to hemolysis and a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history.

Chloride L 97 99-109 mEq/L

Carbon Dioxide H 35 20-31 mEq/L

Calcium 9.6 8.5-10.4 mg/dL

Hematology

White Blood Count H 13.4 4.0-11.0 x10³/uL

Red Blood Count L 3.37 3.80-5.40 x10⁶/uL

Hemoglobin L 9.4 11.1-14.7 g/dL

Hatocrit L 32.8 34.0-45.0 %

Platelets 167 150-450 x10³/uL

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

****COMPLETE REPORT****

Report Generated By Autolims on 07/15/2008 at 06:08 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
 2296132-10982801

SILVERLAKE-KARRON-000095

Patient Information

Karron, Marion
 SSN: 118244899
 Room: 130A



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account 2302946-109975

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7882389N	1150021701	07/15/2008	07/15/08	07/17/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Urinalysis

Color, Urine	Yellow	Yellow-Straw	
Appearance, Urine	Clear	Clear	
pH, Urine	6.0	5.0-8.0	
Specific Gravity	>=1.030	1.005-1.030	R.I.
Bilirubin, Urine	NEGATIVE	NEGATIVE	
Blood, Urine	NEGATIVE	NEGATIVE	
Leuk. Esterase, U	H TRACE	NEGATIVE	
Nitrites, Urine	NEGATIVE	NEGATIVE	
Glucose, Urine	NEGATIVE	NEGATIVE	mg/dL
Ketones, Urine	NEGATIVE	NEGATIVE	mg/dL
Protein, Urine	H 30	NEGATIVE	mg/dL
Urobilinogen, U	0.2	0.0-1.0	mg/dL

Urine Microscopic

RBC, Urine	<5	<5	/HPF
WBC, Urine	H 5-10	<5	/HPF
Bacteria, Urine	H Few	None seen	/HPF
Epithelial Cells	H Few	None seen	/HPF
Crystals	None seen	None seen	/HPF
Casts, Hyaline	None seen	None seen	/HPF
Yeast	None seen	None seen	/HPF

BACTERIOLOGY

Urine Culture- < 10,000
 Colony Count < 10,000
 Culture Result: < 10,000

****Comments****

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

****COMPLETE REPORT****



Patient Information

Karron, Marion
SSN: 118244899
Room: 130A

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R82346937	1300022701	10/30/2008 08:05 AM	10/30/08	10/30/2008	F	78

PATIENT RESULTS

Test	Out of Range	Within Range	Reference Range	Units
MCV		96	78-102	fL
MCH	H 31.7		27.0-31.0	pg
MCHC		33.2	31.0-37.0	%
Neutrophils%		66.4	40.0-70.0	%
Lymphocytes%		20.6	20.0-40.0	%
Monocytes%		6.0	2.0-10.0	%
Eosinophils%	H 5.9		1.0-4.0	%
Basophils%	H 1.1		0.0-1.0	%
Neutrophils, Abs		4.2	1.6-7.8	x10 ³ /uL
Lymphocytes, Abs		1.3	1.0-4.5	x10 ³ /uL
Monocytes, Abs		0.4	<1.0	x10 ³ /uL
Eosinophils, Abs		0.4	<0.7	x10 ³ /uL
Absolute Basophils, Abs.		0.1	<0.3	x10 ³ /uL
Platelets		202	150-450	x10 ³ /uL
RDW-CV		15.2	11.0-16.0	%
MPV		10.5	8.0-13.0	fL

Requisition Parameters

Fasting? -
No

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

10/30/08

COMPLETE REPORT

Report Generated By Autolims on 10/30/2008 at 03:55 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2518339-12134170

SILVERLAKE-KARRON-000097

Patient Information

Karron, Marion
SSN: 118244899
Room: 130A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of Account In 2298405-109923

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7882389N	1150021701	07/15/2008	07/15/08	07/15/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Urinalysis

Color, Urine	Yellow	Yellow-Straw	
Appearance, Urine	Clear	Clear	
pH, Urine	6.0	5.0-8.0	
Specific Gravity	>=1.030	1.005-1.030	R.I.
Bilirubin, Urine	NEGATIVE	NEGATIVE	
Blood, Urine	NEGATIVE	NEGATIVE	
Leuk. Esterase, U	H TRACE	NEGATIVE	
Nitrites, Urine	NEGATIVE	NEGATIVE	
Glucose, Urine	NEGATIVE	NEGATIVE	mg/dL
Ketones, Urine	NEGATIVE	NEGATIVE	mg/dL
Protein, Urine	H 30	NEGATIVE	mg/dL
Urobilinogen, U	0.2	0.0-1.0	mg/dL

Urine Microscopic

RBC, Urine	<5	<5	/HPF
WBC, Urine	H 5-10	<5	/HPF
Bacteria, Urine	H Few	None seen	/HPF
Epithelial Cells	H Few	None seen	/HPF
Crystals	None seen	None seen	/HPF
Casts, Hyaline	None seen	None seen	/HPF
Yeast	None seen	None seen	/HPF

BACTERIOLOGY

Urine Culture-
Colony Count
Culture Result:

In Process
In Process
In Process

Comments

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

INCOMPLETE REPORT

SILVER LAKE
SPECIALIZED CARE CENTER

CONSULTATION REQUEST AND RECORD

Karron Marion

130

DATE OF REQUEST:

July 16, 2008

ATTENDING PHYSICIAN (REQUESTING CONSULT)

McCarthy

TYPE OF CONSULTATION:

HI (Dr. Kalman)

DIAGNOSIS:

YDRF, COPD, % Malnutrition, % A-Fib

REASON FOR CONSULTATION:

H-tube Placement

ATTENDING PHYSICIAN'S SIGNATURE:

John McCarthy

REPORT OF CONSULTATION (Opinion & Recommendation)

78 y.o. PMU on leave on leave
Nz beds; vent opened

Re vent SIP work

Heard on Chest Clo

At top non tests

Op on oxygenated Apphoza

Plan. per colon cannot obtain

SIGNATURE OF CONSULTANT:



DATE:

8/1/08

COUNTERSIGNED M.D.

SILVERLAKE-KARRON-000099

Patient Information

Karron, Marion
 SSN: 118244899



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of Account 2509306-120858

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8205298T	1260017203	10/26/2008	10/26/08	10/27/2008	F	78
PATIENT		RESULTS				

Test Out of Range Within Range Reference Range Units

Chemistry

Glucose (grey) H 142 65-99 mg/dL
 FASTING Fasting? No Criteria for the diagnosis of diabetes:
 (Fasting Glucose)
 <100 mg/dL: Normal fasting glucose
 100-125 mg/dL: Impaired fasting glucose
 >125 mg/dL: Indicative of diabetes
 Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen In Process 9-23 mg/dL
 Creatinine 0.6 0.6-1.1 mg/dL
 eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio In Process 5.0-30.0
 Sodium 141 132-146 mEq/L
 Potassium In Process 3.5-5.5 mEq/L
 Serum Appearance Clear Clear
 Chloride 100 99-109 mEq/L
 Carbon Dioxide In Process 20-31 mEq/L
 Calcium 9.2 8.5-10.4 mg/dL
 Protein, Total 6.6 6.0-8.3 g/dL
 Albumin 3.4 3.2-4.8 g/dL
 Globulin 3.2 1.9-4.0 g/dL
 A/G Ratio 1.0 1.0-2.5 Ratio
 Alkaline Phosphatase In Process 45-129 IU/L
 AST (SGOT) In Process 13-40 IU/L
 ALT (SGPT) 49 10-49 IU/L
 Bilirubin, Total In Process 0.3-1.2 mg/dL

Hematology

White Blood Count 10.3 4.0-11.0 $\times 10^3/uL$
 Red Blood Count L 3.16 3.80-5.40 $\times 10^6/uL$
 Hemoglobin L 9.7 11.1-14.7 g/dL
 Hematocrit L 30.2 34.0-45.0 %
 MCV 96 78-102 fL
 MCH 30.7 27.0-31.0 pg

****INCOMPLETE REPORT****

Report Generated By Autolims on 10/27/2008 at 08:22 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
 2509306-12085849

10/27/08

SILVERLAKE-KARRON-000100



Patient Information

Karron, Marion
SML Code: 568146
Room: 237A

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R75446182	2600877	02/26/2008 06:00 AM	02/26/08	03/03/2008	F	

Test

Complete Results Originally Reported on 02/29/2008 02:57 PM
Out of Range Within Range Reference Range Units

Urinalysis

Color, Urine	Yellow	Yellow-Straw	
Appearance, Urine	Clear	Clear	
pH, Urine	6.0	5.0-8.0	
Specific Gravity	1.015	1.005-1.030	R.I.
Bilirubin, Urine	NEGATIVE	NEGATIVE	
Blood, Urine	NEGATIVE	NEGATIVE	
Leuk. Esterase, U	NEGATIVE	NEGATIVE	
Nitrites, Urine	H POSITIVE	NEGATIVE	
Glucose, Urine	NEGATIVE	NEGATIVE	mg/dL
ketones, Urine	NEGATIVE	NEGATIVE	mg/dL
Protein, Urine	NEGATIVE	NEGATIVE	mg/dL
Urobilinogen, U	0.2	0.0-1.0	mg/dL

Urine Microscopic

RBC, Urine	None seen	None seen	/HPF
WBC, Urine	None seen	None seen	/HPF
Bacteria, Urine	H Moderate	None seen	/HPF
Epithelial Cells	H Few	None seen	/HPF
Crystals	H Moderate	None seen	/HPF
	H Calcium		
	H Oxalate		
	H Crystals		
Casts, Hyaline	None seen	None seen	/HPF
Yeast	None seen	None seen	/HPF

BACTERIOLOGY

Urine Culture- >100,000
Colony Count >100,000
Culture Result: See below

Organism: Escherichia coli

ANTIBIOTIC

Tetracycline
Trimeth/Sulfa
Ampicillin
Nitrofurantoin

SENSITIVITY

Susceptible
Susceptible
Resistant
Susceptible

COMPLETE REPORT

*on Bactrim x7 days
since 3/1/08*

OK

MP 3/3/08

Patient Information

Karron, Marion
 SSN: 118244899



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account Information 2509812-120836

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8205298T	1260017203	10/26/2008	10/26/08	10/27/2008	F	78
PATIENT RESULTS						

Test Out of Range Within Range Reference Range Units

**** This Report Contains Critical Values ****

Chemistry

Glucose (grey) H 142 65-99 mg/dL

FASTING Fasting? No

Criteria for the diagnosis of diabetes:

(Fasting Glucose)

<100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

>125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen H 43 9-23 mg/dL

Creatinine 0.6 0.6-1.1 mg/dL

eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 72.0 5.0-30.0

Sodium 141 132-146 mEq/L

Potassium H 5.6 3.5-5.5 mEq/L

Serum Appearance Clear Clear

Chloride 100 99-109 mEq/L

Carbon Dioxide VH 36 20-31 mEq/L

Calcium 9.2 8.5-10.4 mg/dL

Protein, Total 6.6 6.0-8.3 g/dL

Albumin 3.4 3.2-4.8 g/dL

Globulin 3.2 1.9-4.0 g/dL

A/G Ratio 1.0 1.0-2.5 Ratio

Alkaline H 231 45-129 IU/L

Phosphatase H

AST (SGOT) H 46 13-40 IU/L

ALT (SGPT) 49 10-49 IU/L

Bilirubin, Total L 0.2 0.3-1.2 mg/dL

Hematology

White Blood Count 10.3 4.0-11.0 x10³/uL

Red Blood Count L 3.16 3.80-5.40 x10⁶/uL

Hemoglobin L 9.7 11.1-14.7 g/dL

Hematocrit L 30.2 34.0-45.0 %

MCV 96 78-102 fL

MCH 30.7 27.0-31.0 pg

COMPLETE REPORT

Patient Information

Karron, Marion
SSN: 118244899
Room: 130A

Shiel
medical laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account 2518339-121341

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R82346937	1300022701	10/30/2008 08:05 AM	10/30/08	10/30/2008	F	78
PATIENT		RESULTS				

Test Out of Range Within Range Reference Range Units

Call test

Canceled

Accessioning: HBACG

Chemistry

Glucose (grey) H 135 65-99 mg/dL

FASTING Fasting? No Criteria for the diagnosis of diabetes:

(Fasting Glucose)

<100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

>125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

U Nitrogen H 42 9-23 mg/dL

Creatinine 0.6 0.6-1.1 mg/dL

eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 70.3 5.0-30.0

Sodium 141 132-146 mEq/L

Potassium 4.7 3.5-5.5 mEq/L

Chloride 101 99-109 mEq/L

Carbon Dioxide 31 20-31 mEq/L

Calcium 9.8 8.5-10.4 mg/dL

Protein, Total 6.5 6.0-8.3 g/dL

Albumin 3.3 3.2-4.8 g/dL

Globulin 3.2 1.9-4.0 g/dL

A/G Ratio 1.0 1.0-2.5 Ratio

Alkaline H 225 45-129 IU/L

Phosphatase H

A' (SGOT) 31 13-40 IU/L

AL (SGPT) 45 10-49 IU/L

Bilirubin, Total L 0.2 0.3-1.2 mg/dL

Hematology

White Blood Count 6.3 4.0-11.0 x10³/uL

Red Blood Count L 2.95 3.80-5.40 x10⁶/uL

Hemoglobin L 9.3 11.1-14.7 g/dL

Hematocrit L 28.2 34.0-45.0 %

****COMPLETE REPORT****

Report Generated By Autolims on 10/30/2008 at 03:55 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2518339-12134170

10/31

SILVERLAKE-KARRON-000103

SILVER LAKE SPECIALIZED CARE CENTER
DEPARTMENT OF OCCUPATIONAL THERAPY

Annual: _____ Monthly re-eval: _____ Re-admit: ✓ Vent Change in status: _____

Resident's Name: Karron, Marion Room: 245A MD: Klahr

Diagnosis: Pneumonia, COPD
h/o A-fib & osteoporosis; tube feeding /PEG

Change in ROM/Strength ✓ Yes _____ No _____ * MRSA - contact isolation
 Resident awake but unable

B/L UE A/Prom BFL. No A/Prom noted in all 4 extremities;
prom: @ shoulder 1/2 range @ shoulder flex 0-70°, ER 0-20°, elbow
flex 0-100°, wrist flex 0-15°; ^{ca} other jts prom w/2; noted
mod. edema B/L UE E open wounds @ distal upper arm & @ wrist
 Change in ADL/Strength _____ Yes ✓ No _____

Resident requires total @ E all ADL's, mobility &
transfer. Sitting balance poor

Change in Treatment Plan/Strength _____ Yes ✓ No _____

Resident not a candidate for restorative OT 2. to
medical condition & in ability to actively participate in
tasks. Resident will be placed on floor prom for

Additional Goals: B/L UE.

O.T. Signature: Springkay, myl Date: 2-20-09

M.D. Signature: [Signature] Date: 2-20-09

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<u>Feb. '09</u>																				<u>PE</u>											

Patient Information

Iron, Marion
SSN: 118244899
Room: 130

Shiel
medical laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account 2102257-997632

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7631228W	1110011801	04/11/2008	04/11/08	04/14/2008	F	77
PATIENT		RESULTS				

Test

Out of Range

Within Range

Reference Range

Units

Urinalysis

Color, Urine		DK YELLOW	Yellow-Straw	
Appearance, Urine	H	CLOUDY	Clear	
pH, Urine		8.0	5.0-8.0	
Specific Gravity		1.015	1.005-1.030	R.I.
Bilirubin, Urine		NEGATIVE	NEGATIVE	
Blood, Urine		NEGATIVE	NEGATIVE	
Leuk. Esterase, U		NEGATIVE	NEGATIVE	
Nitrites, Urine		NEGATIVE	NEGATIVE	
Glucose, Urine		NEGATIVE	NEGATIVE	mg/dL
Ketones, Urine		NEGATIVE	NEGATIVE	mg/dL
Feritin, Urine	H	TRACE	NEGATIVE	mg/dL
Urobilinogen, U		1.0	0.0-1.0	mg/dL

Urine Microscopic

RBC, Urine	None seen	None seen	/HPF
WBC, Urine	None seen	None seen	/HPF
Bacteria, Urine	None seen	None seen	/HPF
Epithelial Cells	None seen	None seen	/HPF
Crystals	None seen	None seen	/HPF
Casts, Hyaline	None seen	None seen	/HPF
Yeast	None seen	None seen	/HPF

BACTERIOLOGY

Urine Culture- >100,000
Colony Count >100,000
Culture Result: See below

Organism: Escherichia coli

ANTIBIOTIC SENSITIVITY
Tetracycline Resistant
Trimeth/Sulfa Resistant
Ampicillin Resistant
Nitrofurantoin Resistant
Gentamicin Susceptible
Cefazolin Susceptible
Amoxicillin/K Clav'ate Susceptible

COMPLETE REPORT

4/16/08

*Report 575
BID
x 7 days*

Patient Information

Karron, Marion
 SSN: 118244899
 Room: 130A



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account Information 2490435-119779

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R81600961	1160088801	10/15/2008	10/16/08	10/16/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Urinalysis

Color, Urine	Yellow	Yellow-Straw	
Appearance, Urine	Clear	Clear	
pH, Urine	6.5	5.0-8.0	
Specific Gravity	1.020	1.005-1.030	R.I.
Bilirubin, Urine	NEGATIVE	NEGATIVE	
Blood, Urine	NEGATIVE	NEGATIVE	
Leuk. Esterase, U	NEGATIVE	NEGATIVE	
Nitrites, Urine	NEGATIVE	NEGATIVE	
Glucose, Urine	NEGATIVE	NEGATIVE	mg/dL
Ketones, Urine	NEGATIVE	NEGATIVE	mg/dL
Protein, Urine	NEGATIVE	NEGATIVE	mg/dL
Urobilinogen, U	0.2	0.0-1.0	mg/dL

Urine Microscopic

RBC, Urine	<5	<5	/HPF
WBC, Urine	<5	<5	/HPF
Bacteria, Urine	None seen	None seen	/HPF
Epithelial Cells	None seen	None seen	/HPF
Crystals	None seen	None seen	/HPF
Casts, Hyaline	None seen	None seen	/HPF
Yeast	None seen	None seen	/HPF

BACTERIOLOGY

Urine Culture-
 Colony Count
 Culture Result:

In Process
 In Process
 In Process

****Comments****

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

****INCOMPLETE REPORT****

Patient Information

Yarron, Marion
 E.O.: 118244899
 Room: 130A

shiel
 medical laboratory
 Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account Information 2114665-100183

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

MC CARTHY

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7631013H	1150107501	04/15/2008	04/15/08	04/19/2008	F	77

PATIENT	RESULTS
---------	---------

Test	Out of Range	Within Range	Reference Range	Units
------	--------------	--------------	-----------------	-------

Urinalysis

Color, Urine		DK YELLOW	Yellow-Straw	
Appearance, Urine	H	CLOUDY	Clear	
pH, Urine		7.5	5.0-8.0	
Specific Gravity		1.025	1.005-1.030	R.I.
Bilirubin, Urine	H	SMALL	NEGATIVE	
Blood, Urine		NEGATIVE	NEGATIVE	
Leuk. Esterase, U	H	SMALL	NEGATIVE	
Nitrites, Urine	H	POSITIVE	NEGATIVE	
Glucose, Urine		NEGATIVE	NEGATIVE	mg/dL
Ketones, Urine		NEGATIVE	NEGATIVE	mg/dL
Protein, Urine	H	30	NEGATIVE	mg/dL
Urobilinogen, U		1.0	0.0-1.0	mg/dL

Urine Microscopic

RBC, Urine		None seen	None seen	/HPF
WBC, Urine		0-5	None seen	/HPF
Bacteria, Urine	H	Few	None seen	/HPF
Epithelial Cells		None seen	None seen	/HPF
Crystals	H	Many Triple	None seen	/HPF
	H	Phosphate		
	H	Crystals		
Casts, Hyaline		None seen	None seen	/HPF
Yeast		None seen	None seen	/HPF

BACTERIOLOGY

Urine Culture-	>100,000
Colony Count	>100,000
Culture Result:	See below

Organism: Proteus mirabilis

ANTIBIOTIC

ANTIBIOTIC	SENSITIVITY
Tetracycline	Resistant
Trimeth/Sulfa	Resistant
Ampicillin	Resistant
Nitrofurantoin	Resistant
Gentamicin	Susceptible

****COMPLETE REPORT****

See on Quincent

Repro. Generated By Autolims on 04/19/2008 at 12:35 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
 2114665-10018313

Quincent

SILVERLAKE-KARRON-000108

Patient Information

Karron, Marion
SML Code: 568146
Room: 237A

Shiel
Medical Laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2 Ac 2009867-9513887

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R75446182	2600877	02/26/2008 06:00 AM	02/26/08	03/03/2008	F	

Test

PATIENT RESULTS
Complete Results Originally Reported on 02/29/2008 02:57 PM
Out of Range Within Range Reference Range Units

Gentamicin	Susceptible
Cefazolin	Susceptible
Amoxicillin/K Clav'ate	Intermediate
Ciprofloxacin	Resistant
Tobramycin	Susceptible
Ceftazidime	Susceptible
Ampicillin/sulbactam	Resistant
Cefuroxime	Susceptible
Levofloxacin	Resistant
Cefoxitin	Susceptible
Cefepime	Susceptible
Aztreonam	Susceptible
Imipenem	Susceptible
Ceftriaxone	Susceptible
Ticarcillin/Clav Ac	Intermediate
Cephalothin	Intermediate
Cefotaxime	Susceptible
Ertapenem	Susceptible
Piperacillin/Tazobact	Susceptible
Amikacin	Susceptible
Cefotetan	Susceptible

****Comments****

****Requisition Comments****

Reported to: Silverlake NH - Stats at 02/29/08 03:16 PM

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

R.L.

DATE

These data will be monitored for further evaluation, see patient chart.

M.D.

DATE

NP 3/3/08

****COMPLETE REPORT****

HISTORY & PHYSICAL EXAMINATION

Patient Name: Karron, Marion

Room number: 237A

Height _____ Weight _____ BP 140/90 P 86 R 11 T 99.5

Allergies _____ Advance Directives ☐ Yes ☐ No

Weight loss: ☐ Yes ☐ No Reason/Amount _____

Weight gain: ☐ Yes ☐ No Reason/Amount _____

Immunizations: Flu vaccine ☐ Yes ☐ No Date given: _____

Pneumovac vaccine ☐ Yes ☐ No Date given: _____

Other vaccines ☐ Yes ☐ No Specify and date given: _____

Reason for Admission: New admit

Past Illness / Hospitalization / ADL changes / Mental changes in last year

Cold Sunday Admitted
indirect 5 days for admit

☐ Accidents in last 3 months ☐ At risk for breakdown ☐ At risk for dehydration
☐ At risk for falls ☐ UTI in last 30 days

Functional Status:

ADL: ☐ Independent ☒ Dependent Incontinence: ☐ Bowel ☐ Bladder ☐ Foley ☐ Suprapubic

Ambulation: ☐ Independent ☐ Assist ☐ WC Bound

Weight Bearing Status: _____

General Appearance: pt 5 Camm

Mental status: Alert

Skin: ☐ No lesions noted ☐ Dry ☐ Clear ☐ Skin Turgor ☐ Good ☐ Poor
☐ Rash ☐ See diagram for Decubiti / Breakdown

Head: NCA

Ears: Hearing: ☐ Normal ☐ Hearing Aid

Nose&Throat: ☐ No lesions noted

Eyes: ☐ PERRLA ☐ Cataracts

Dentures: ☐ U ☐ L ☐ Chewing problems

☐ Eyeglasses ☐

Neck: ☒ Carotids equal, no thrill or bruit

Nodes: ☐ None palpable

JVD: ☐ No neck veins

Thyroid: ☐ No Masses, no enlargement

Lungs: ☒ Clear to A&P

Heart: ☐ Regular rhythm
☒ No Murmur or gallop

☐ Trach

☐ Vent dep. 2°

☐ O₂

☐ Suctioned

Breast: ☒ No masses found upon palpation & inspection

Abdomen: ☒ No masses

Hemia: ☐ None

☒ No organomegaly

☐ Surgical Scars

☒ BS normoactive

Patient Name: _____

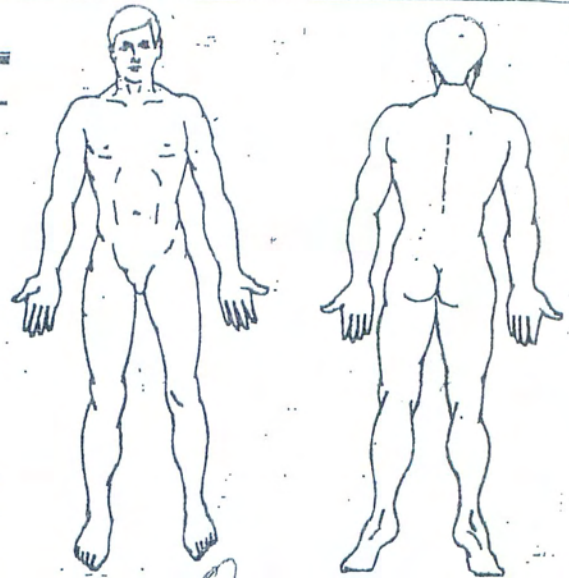
DECUBITUS / STASIS ULCER / SKIN TEAR

Size: _____

Stage: _____

Avoidable: ☐

Unavoidable ☐ Reason _____



Rectal:

Mass: ☐ None

Pelvic/Genitalia:

Annual: ☐

Extremities:

☒ No edema

☒ No Cyanosis

☐ No Clubbing

Contractures: ☐

☐ At risk: ☐ Yes

☐ No

Neurological:

☒ Speech Fluent

☐ Asphasia Receptive

☐ Asphasia Expressive

☒ Swallowing Intact

☐ Possible Aspiration

☐ Probable Aspiration

☒ CN II - XII intact

☐ No sensory or cerebellar abnormalities ☐ Babinski normal

Motor:

RUE

4/5

RLE

4/5

LUE

4/5

LLE

4/5

Reflexes:

BIC.

TRIC.

K-Jerk

A-Jerk

R

L

Review of Labs:

Comments: _____

Review of Diagnostic Testing: _____

Impression / Diagnosis:

Treatment Plan:

Medication Regime + Reason

Reviewed/Monitor

☐ No side effects

☐ No adverse reactions

Rehabilitation Potential:

☐ Restorative PT

☐ Restorative OT

☐ Speech Therapy

☐ Weaning / Vent

Discharge Disposition Planned:

Prognosis:

☐ Poor

☐ Fair

☐ Good

☐ Terminal

☐ Resident

☐ Family

☐ Legal Rep. Informed or medical condition

☐ Yes

☐ No

Reason if not _____

M.D. SIGNATURE: _____

Date: _____

HISTORY & PHYSICAL EXAMINATION

Patient Name:

Karron, Marwan

Room number:

245A

Height 5' 11 Weight BP 130/18 P 82 R 16 T 99.5

Allergies

None

Advance Directives ☒ Yes ☐ No

Weight loss: ☐ Yes ☐ No Reason/Amount

Weight gain: ☐ Yes ☐ No Reason/Amount

Immunizations: Flu vaccine ☒ Yes ☐ No Date given: 10/9/08

Pneumovac vaccine ☒ Yes ☐ No Date given: 2/3/08

Other vaccines ☐ Yes ☐ No Specify and date given:

Reason for Admission:

pneumonia, COPD, MRSA

Past Illness / Hospitalization / ADL changes / Mental changes in last year

Resp failure -> vent dependent, dysphagia -> see
COPD A-F, Malnutrition, MRSA, S. aureus, E. coli, H. flu
hypothyroidism, hyperlipidemia, osteoporosis,
osteoarthritis

☐ Accidents in last 3 months

☒ At risk for breakdown

☒ At risk for dehydration

☐ At risk for falls

☐ UTI in last 30 days

Functional Status:

ADL: ☐ Independent ☐ Dependent Incontinence: ☒ Bowel ☐ Bladder ☒ Foley ☐ Suprapubic

Ambulation: ☐ Independent ☐ Assist ☒ WC Bound

Weight Bearing Status:

General Appearance:

Mental status:

Skin: ☐ No lesions noted ☒ Dry ☐ Clear
☐ Rash

☐ Skin Turgor ☐ Good ☒ Poor

☒ See diagram for Decubiti / Breakdown

Head:

Ears: Hearing: ☒ Normal ☐ Hearing Aid

Nose & Throat: ☐ No lesions noted

Eyes: ☒ PERRLA ☐ Cataracts

Dentures: ☐ U ☐ L ☐ Chewing problems

☐ Eyeglasses ☐

Neck: ☐ Carotids equal, no thrill or bruit

Nodes: ☐ None palpable

JVD: ☐ No neck veins

Thyroid: ☐ No Masses, no enlargement

Lungs: ☐ Clear to A&P

Heart: ☒ Regular rhythm

☐ No Murmur or gallop II/VI 9/5M

☒ Trach

☐ Vent dep. 2°

☐ O2

☒ Suctioned

Breast: ☐ No masses found upon palpation & inspection

Abdomen: ☒ No masses

Hemia: ☐ None

☒ No organomegaly

☐ Surgical Scars

☐ BS normoactive

SILVERLAKE-KARRON-000112

Patient Name: _____

DECUBITUS / STASIS ULCER / SKIN TEAR

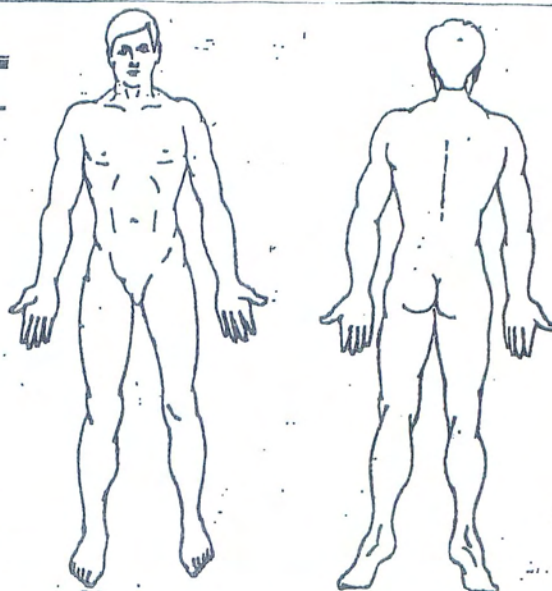
Size: _____

Stage: _____

R hip IV 7x6.5 c. 1 depth
R shin III 1.5x1.5 c. 1 depth
Sacrum IV 10x10 c. 2cm depth
R heel I 5x4 redness
L heel I 4x4 redness
R ankle I 1.5x1

Avoidable: ☐ L ankle I 1.5x1

Unavoidable ☐ Reason _____



Rectal: _____

Mass: ☐ None

Pelvic/Genitalia: _____

Annual: ☐

Extremities: ☒ No edema

☐ No Cyanosis

☐ No Clubbing

Contractures: ☐

☐ At risk: ☐ Yes

☐ No

Neurological: ☐ Speech Fluent

☐ Swallowing Intact

☐ CN II - XII intact

☐ Asphasia Receptive

☐ Possible Aspiration

☐ No sensory or cerebellar abnormalities

☐ Asphasia Expressive

☐ Probable Aspiration

☐ Babinski normal

Motor: RUE /5

LUE /5

RLE /5

LLE /5

Reflexes: BIC. TRIC. K-Jerk A-Jerk

R _____

L _____

Review of Labs: Comments: _____

Review of Diagnostic Testing: _____

Impression / Diagnosis: _____

Treatment Plan: _____

Medication Regime + Reason _____

Reviewed/Monitor _____

☐ No side effects

☐ No adverse reactions

Rehabilitation Potential: ☐ Restorative PT

☐ Speech Therapy

☐ Restorative OT

☐ Weaning / Vent

Discharge Disposition Planned: _____

Prognosis: ☐ Poor

☐ Fair

☐ Good

☐ Terminal

☐ Resident

☐ Family

☐ Legal Rep. Informed or medical condition

☐ Yes

☐ No

Reason if not _____

M.D. SIGNATURE: _____

Date: _____

SILVERLAKE-KARRON-000113

PHYSICIAN'S MONTHLY PROGRESS NOTES

Resident Name: Karron Marron Rm#: 130A BP 100/60 WT 130.8 TPR 98.5 80 16

Allergies: NKA

DNR - Reviewed and Renewed: ☒ Yes ☐ Not Applicable

Advance Directives: ☐ DNI ☐ Health Care Proxy ☐ Living Will ☒ None

Change in condition since last assessment: ☐ Yes ☒ No - if yes, explain: _____

Infection: pneumonia

Dehydration _____

Constipation _____

Chronic Diagnosis: Perp. fracture, COPD, Atrial, Peg tube, AFib, Hypothyroidism
pneumonia

Mental Status: ☒ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's
Behavior: ☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders
☐ Verbally abusive ☐ Socially inappropriate
☐ Physically abusive ☐ Behavior management problem

Explain: _____

Psychotropics: ☒ Yes ☐ No Effective: ☒ Yes ☐ No

Side effects: ☐ Yes ☒ No If yes, explain: _____

Incontinent: ☐ Yes ☐ No ☐ Bladder ☒ Bowel ☐ Ostomy: _____

Appliances: ☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule

☐ Foley Catheter - Size _____

☐ Other _____

Skin condition: ☒ Intact ☐ Pressure sore ☐ Stage/Location: _____

☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer: _____

Nutritional Status: ☐ Current weight 130.8 lbs

Weight Change: ☐ No ☐ Gain _____ lbs ☒ Loss 4.2 lbs.

PLAN: ☐ IV fluids ☐ Special diet ☐ Supplements ☐ NG tube ☒ G Tube

Other: _____

Diagnosis for NG/G Tube: Dysphagia

Tube site treatment: clean & N.S.

Pain Management Program: ☐ Yes ☐ No - If yes, progress since last assessment: _____

on fentanyl 5/325mg 7 q hrs

Accidents/Incidents: ☐ Yes ☒ No - If yes, explain: _____

Contractures: ☐ Yes ☐ No - If yes, explain: _____

Restorative PT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ Bed mobility: _____
Transfer: _____ Ambulation: _____
Restorative OT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ ADL's: _____
Transfer: _____ Feeding skills: _____
Restorative ST: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____

Devices/Restraints: ☒ No ☐ Seatbelts ☐ APS ☐ Belt restraint ☐ Lapboard
☐ Full siderails ☒ 1/2 siderails ☐ Other

Medical diagnosis/symptoms for restraint: _____

Skin Assessment

Stage I ☐ Site _____ Size _____
Stage II ☐ Site _____ Size _____
Stage III ☐ Site _____ Size _____
Stage IV ☐ Site _____ Size _____
Stasis ulcer ☐ Site _____ Size _____

Medical Conditions

☐ Vegetative State ☐ Comatose
☐ Internal Bleeding ☐ Dehydration
☐ Terminally Ill ☐ MRSA ☐ VRE
☐ Chronic Constipation ☐ C-Diff

Medical Treatments

☒ Tracheostomy Care ☒ Suctioning
☒ Oxygen ☐ Transfusion
☐ Nasal/Gastric Feeding ☐ Parenteral Feeding
☐ Wound Care ☐ Chemotherapy
☐ Catheter(Indwelling) ☐ Physical Restraints
☐ Behavior Problems ☐ Non Compliant

Drug Regimen Reviewed ☒

Interaction/Side Effect _____

Other remarks: _____

Monthly Exam & Assessment

Include Abnormal Labs/X-rays/EKG

Hed - NCAV
Egm EOM, Pencil
Neck Spine Frn P. dnl.
Hk - 1/4
ly. P113
Mx P113
EX P113

Consultations/Special Tests

Wk/Am - all P Call Body to 44

Goals/Plans shh wt w/ pndm

1 inch Png

Physician's Signature: _____

Date: _____

PHYSICIAN'S MONTHLY PROGRESS NOTES

Resident Name: Karron, Mandi Rm#: 257A BP 118/56 WT 140 TPR 100.9-78-

Allergies: NKA

DNR - Reviewed and Renewed: ☒ Yes () Not Applicable

Advance Directives: () DNI () Health Care Proxy () Living Will ☒ None

Change in condition since last assessment: ☒ Yes () No - if yes, explain: on VolumeMedrol CAPD exacerab

Infection

Dehydration

Constipation

Chronic Diagnosis: RF -> ventdys, CAPD, AFB, ↓thyroid, VDRF

Mental Status: ☐ Alert ☒ Cognitively impaired ☐ Dementia ☐ Alzheimer's
 Behavior: ☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders
☐ Verbally abusive ☐ Socially inappropriate
☐ Physically abusive ☐ Behavior management problem

Explain:

Psychotropics: ☒ Yes ☐ No Effective: ☒ Yes ☐ No
 Side effects: ☐ Yes ☒ No If yes, explain:

Incontinent: ☒ Yes ☐ No ☒ Bladder ☒ Bowel ☐ Ostomy:
 Appliances: ☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule
☐ Foley Catheter - Size
☐ Other

Skin condition: ☐ Intact ☐ Pressure sore ☐ Stage/Location:
☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer:

skin tear @ shin

Nutritional Status: ☒ Current weight 140 lbs
 Weight Change: ☐ No ☐ Gain 140 lbs ☐ Loss 140 lbs.
 PLAN: ☐ IV fluids ☐ Special diet ☐ Supplements ☐ NG tube ☐ G Tube
 Other: Reg diet
 Diagnosis for NG/G Tube:
 Tube site treatment:

Pain Management Program: ☒ Yes ☐ No - If yes, progress since last assessment: Pericard - 2 tabs 900 pm

Accidents/Incidents: ☐ Yes ☒ No - If yes, explain:

Contractures: ☒ Yes ☐ No - If yes, explain: BUE

Restorative PT: ☒ Yes ☐ No Reason: _____
Tx Time/Wk: _____ Bed mobility: _____
Transfer: _____ Ambulation: _____
Restorative OT: ☒ Yes ☐ No Reason: _____
Tx Time/Wk: _____ ADL's: _____
Transfer: _____ Feeding skills: _____
Restorative ST: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____

Devices/Restraints: ☐ No ☐ Seatbelts ☐ APS ☐ Belt restraint ☐ Lapboard
☐ Full siderails ☒ 1/2 siderails ☐ Other

Medical diagnosis/symptoms for restraint: TVP

Skin Assessment

Stage I ☐ Site _____ Size _____
Stage II ☐ Site _____ Size _____
Stage III ☐ Site _____ Size _____
Stage IV ☐ Site _____ Size _____
Stasis ulcer ☐ Site _____ Size _____

Medical Conditions

☐ Vegetative State ☐ Comatose
☐ Internal Bleeding ☐ Dehydration
☐ Terminally Ill ☐ MRSA ☐ VRE
☐ Chronic Constipation ☐ C-Diff

Medical Treatments

☒ Tracheostomy Care ☒ Suctioning
☒ Oxygen ☐ Transfusion
☐ Nasal Gastric Feeding ☐ Parenteral Feeding
☐ Wound Care ☐ Chemotherapy
☐ Catheter(Indwelling) ☐ Physical Restraints
☒ Behavior Problems ☐ Non Compliant

Drug Regimen Reviewed ☒

Interaction/Side Effect _____
Other remarks: _____

Physician's Signature: _____

Monthly Exam & Assessment

Include Abnormal Labs/X-rays/EKG

VSS
lung clear w/ crackles
normal S/S
Abn BS & Sx
COPD → h/o
phx
lymph
ALL Solm
lup

Consultations/Special Tests

apical & basilar
respiratory & Solm
as per son
Mooh
pink
Goals/Plans _____

Date: 2/21/08

PHYSICIAN'S MONTHLY PROGRESS NOTES

Resident Name: Marion Karron Rm#: 232B BP 104/58 WT 154.2 TPR 97.7-78-1

Allergies: _____

DNR - Reviewed and Renewed: ☒ Yes () Not Applicable

Advance Directives: () DNI () Health Care Proxy () Living Will () None

Change in condition since last assessment: ☐ Yes ☒ No - if yes, explain: _____

Infection _____

Dehydration _____

Constipation _____

Chronic Diagnosis: Resp Failure -> vent, osteoporosis, ETOH abuse, ↑ chol

Mental Status: ☐ Alert ☒ Cognitively impaired ☐ Dementia ☐ Alzheimer's
 Behavior: ☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders
☐ Verbally abusive ☐ Socially inappropriate
☒ Physically abusive ☒ Behavior management problem

Explain: _____

Psychotropics: ☒ Yes ☐ No

Side effects: ☐ Yes ☒ No

Effective: ☒ Yes ☐ No

If yes, explain: Citrus 1mg q60pm
agitation

Incontinent: ☒ Yes ☐ No

Appliances: ☐ Yes ☐ No

☐ Foley Catheter -
☐ Other _____

☒ Bladder ☒ Bowel

☐ Condom Catheter

Size _____

☐ Ostomy: _____

☐ Toileting schedule

Skin condition: ☒ Intact

☐ Burns/wounds

☐ Pressure sore

☐ Foot problem

☐ Stage/Location: _____

☐ Stasis ulcer: _____

Nutritional Status: ☒ Current weight 154.2 lbs

Weight Change: ☐ No ☐ Gain _____ lbs ☐ Loss _____ lbs.

PLAN: ☐ IV fluids ☐ Special diet ☐ Supplements ☐ NG tube ☒ G Tube

Other: Regular diet po

Diagnosis for NG/G Tube: _____

Tube site treatment: _____

Pain Management Program: ☒ Yes ☐ No - If yes, progress since last assessment: _____

percocet + tab q 40 pm controls pain

Accidents/Incidents: ☐ Yes ☒ No - If yes, explain: _____

Contractures: ☒ Yes ☐ No - If yes, explain: BUE extremities

Restorative PT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ Bed mobility: _____
Transfer: _____ Ambulation: _____
Restorative OT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ ADL's: _____
Transfer: _____ Feeding skills: _____
Restorative ST: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____

Devices/Restraints: ☐ No ☐ Seatbelts ☐ APS ☐ Belt restraint ☐ Lapboard
☐ Full siderails ☒ 1/2 siderails ☒ Other hand mittens
Medical diagnosis/symptoms for restraint: posist + wrapping

Skin Assessment

Stage I ☐ Site _____ Size _____
Stage II ☐ Site _____ Size _____
Stage III ☐ Site _____ Size _____
Stage IV ☐ Site _____ Size _____
Stasis ulcer ☐ Site _____ Size _____

Medical Conditions

☐ Vegetative State ☐ Comatose
☐ Internal Bleeding ☐ Dehydration
☐ Terminally Ill ☐ MRSA ☐ VRE
☐ Chronic Constipation ☐ C-Diff

Medical Treatments

☒ Tracheostomy Care ☒ Suctioning
☒ Oxygen ☐ Transfusion
☐ Nasal Gastric Feeding ☐ Parenteral Feeding
☐ Wound Care ☐ Chemotherapy
☐ Catheter(Indwelling) ☒ Physical Restraints
☒ Behavior Problems ☐ Non Compliant

Drug Regimen Reviewed ☒

Interaction/Side Effect _____
Other remarks: _____

Physician's Signature: _____

Monthly Exam & Assessment

Include Abnormal Labs/X-rays/EKG

Q/S
lung rxn
low S1R
ANP B3M
coll
skin
lyphmm

Consultations/Special Tests

Goals/Plans _____

UA -> ecoli
tx

Date: 3/13/08

PHYSICIAN'S MONTHLY PROGRESS NOTES

Resident Name: Kayron Marron Rm#: 1304 BP 100/60 WT 136 TPR 98.6 80/12Allergies: NoneDNR -Reviewed and Renewed: ☒ Yes ☐ Not ApplicableAdvance Directives: ☐ DNI ☐ Health Care Proxy ☐ Living Will ☒ NoneChange in condition since last assessment: ☐ Yes ☒ No - if yes, explain: _____

Infection _____

Dehydration _____

Constipation _____

Chronic Diagnosis: Heart Failure, COPD, AFib, HypothyroidismMental Status: ☒ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer'sBehavior: ☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders☐ Verbally abusive ☐ Socially inappropriate☐ Physically abusive ☐ Behavior management problem

Explain: _____

Psychotropics: ☒ Yes ☐ NoEffective: ☒ Yes ☐ NoSide effects: ☐ Yes ☒ No

If yes, explain: _____

Incontinent: ☒ Yes ☐ No☒ Bladder ☒ Bowel☐ Ostomy: _____Appliances: ☐ Yes ☐ No☐ Condom Catheter☐ Toileting schedule☐ Foley Catheter -

Size _____

☐ Other _____Skin condition: ☒ Intact☐ Pressure sore☐ Stage/Location: _____☐ Burns/wounds☐ Foot problem☐ Stasis ulcer: _____Nutritional Status: ☐ Current weight 136 lbsWeight Change: ☐ No ☐ Gain lbs☒ Loss 18.2 lbs. different scale

PLAN:

☐ IV fluids☐ Special diet☐ Supplements☐ NG tube☒ G Tube

Other: _____

Diagnosis for NG/G Tube: Dysphagia swallow

Tube site treatment: _____

Pain Management Program: ☒ Yes ☐ No - If yes, progress since last assessment: _____Accidents/Incidents: ☐ Yes ☒ No - If yes, explain: _____

Contractures: ☐ Yes ☒ No - If yes, explain: _____

Restorative PT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ Bed mobility: _____
Transfer: _____ Ambulation: _____
Restorative OT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ ADL's: _____
Transfer: _____ Feeding skills: _____
Restorative ST: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____

Devices/Restraints: ☒ No ☐ Seatbelts ☐ APS ☐ Belt restraint ☐ Lapboard
☐ Full siderails ☒ 1/2 siderails ☐ Other
Medical diagnosis/symptoms for restraint: _____

Skin Assessment

Stage I ☐ Site _____ Size _____
Stage II ☐ Site _____ Size _____
Stage III ☐ Site _____ Size _____
Stage IV ☐ Site _____ Size _____
Stasis ulcer ☐ Site _____ Size _____

Medical Conditions

☐ Vegetative State ☐ Comatose
☐ Internal Bleeding ☐ Dehydration
☐ Terminally Ill ☐ MRSA ☐ VRE
☐ Chronic Constipation ☐ C-Diff

Medical Treatments

☒ Tracheostomy Care ☒ Suctioning
☒ Oxygen ☐ Transfusion
☐ Nasal Gastric Feeding ☐ Parenteral Feeding
☐ Wound Care ☐ Chemotherapy
☐ Catheter(Indwelling) ☐ Physical Restraints
☐ Behavior Problems ☐ Non Compliant

Drug Regimen Reviewed ☒

Interaction/Side Effect _____
Other remarks: _____

Physician's Signature: _____ Date: 4/7/14

Monthly Exam & Assessment

Include Abnormal Labs/X-rays/EKG

NCA
EKG
Lup. Labs Q/LW
Hx - RA
Ex 4/4/14

TwBL with Manki Spl

Consultations/Special Tests

Speech Therapy
Phyol Therapy

Goals/Plans Cx Care 5x per

PHYSICIAN'S MONTHLY PROGRESS NOTES

Resident Name: Karron Marion Rm#: 130A BP 110/60 WT 136 TPR 98 80 12

Allergies: None

DNR -Reviewed and Renewed: (☒) Yes () Not Applicable

Advance Directives: () DNI () Health Care Proxy () Living Will (☒) None

Change in condition since last assessment: ☒ Yes ☐ No - if yes, explain: _____

Infection UTI

Dehydration _____

Constipation _____

Chronic Diagnosis: Resp. Failure - COPD, A.Fib, Hypothyroidism

Mental Status: ☒ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's
 Behavior: ☐ Well adjusted ☒ Depressed ☐ Anxious ☐ Wanders
☐ Verbally abusive ☐ Socially inappropriate
☐ Physically abusive ☐ Behavior management problem

Explain: _____

Psychotropics: ☒ Yes ☐ No Effective: ☒ Yes ☐ No
 Side effects: ☐ Yes ☒ No If yes, explain: _____

Incontinent: ☒ Yes ☐ No ☒ Bladder ☒ Bowel ☐ Ostomy:
 Appliances: ☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule
☐ Foley Catheter - Size _____
☐ Other _____

Skin condition: ☒ Intact ☐ Pressure sore ☐ Stage/Location:
☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer:

skin tears on (2) wrist & (2) hand

Nutritional Status: ☒ Current weight 136 lbs
 Weight Change: ☐ No ☐ Gain 136 lbs ☐ Loss _____ lbs.
 PLAN: ☐ IV fluids ☒ Special diet ☐ Supplements ☐ NG tube ☐ G Tube
 Other: _____

Diagnosis for NG/G Tube: _____

Tube site treatment: _____

Pain Management Program: ☐ Yes ☒ No - If yes, progress since last assessment: _____

Accidents/Incidents: ☐ Yes ☒ No - If yes, explain: _____

Restorative PT:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Reason: _____
Tx Time/Wk: _____			Bed mobility: _____
Transfer: _____			Ambulation: _____
Restorative OT:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Reason: _____
Tx Time/Wk: _____			ADL's: _____
Transfer: _____			Feeding skills: _____
Restorative ST:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Reason: _____
Tx Time/Wk: _____			

Medical diagnosis/symptoms for restraint:

Stage I	<input type="checkbox"/> Site _____	Size _____
Stage II	<input type="checkbox"/> Site _____	Size _____
Stage III	<input type="checkbox"/> Site _____	Size _____
Stage IV	<input type="checkbox"/> Site _____	Size _____
Stasis ulcer	<input type="checkbox"/> Site _____	Size _____

☐ Vegetative State ☐ Comatose
☐ Internal Bleeding ☐ Dehydration
☐ Terminally Ill ☐ MRSA ☐ VRE
☐ Chronic Constipation ☐ C-Diff

<input checked="" type="checkbox"/> Tracheostomy Care	<input checked="" type="checkbox"/> Suctioning
<input checked="" type="checkbox"/> Oxygen	<input type="checkbox"/> Transfusion
<input type="checkbox"/> Nasal Gastric Feeding	<input type="checkbox"/> Parenteral Feeding
<input type="checkbox"/> Wound Care	<input type="checkbox"/> Chemotherapy
<input type="checkbox"/> Catheter(Indwelling)	<input type="checkbox"/> Physical Restraints
<input type="checkbox"/> Behavior Problems	<input checked="" type="checkbox"/> Non Compliant

Interaction/Side Effect _____
Other remarks: _____

Physician's Signature:

Heel-NET
Heel-RA
Lign. Plung ball &
+ 0.5 ml O₂
NBL 50% O₂ N₂
EOL - 0.5 ml

Cal with Thozz

Goals/Plans

Goals/Plans Carl until Tx - 1/2
8 by talk for 1 week

Date: 5/5/20

PHYSICIAN'S MONTHLY PROGRESS NOTES

Resident Name: Karran Mannan Rm#: 130A BP 100/60 WT 141 TPR 98 4 84/14Allergies: None

DNR - Reviewed and Renewed: () Yes () Not Applicable

Advance Directives: () DNI () Health Care Proxy () Living Will () None

Change in condition since last assessment: ☐ Yes ☐ No - if yes, explain: _____Infection Temp - 101.2 c/s (-)

Dehydration _____

Constipation _____

Chronic Diagnosis: Perip fracture, COPD, Ventr, AFib, hypothyroidism

Mental Status: ☒ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's
 Behavior: ☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders
☐ Verbally abusive ☐ Socially inappropriate
☐ Physically abusive ☐ Behavior management problem

Explain: _____

Psychotropics: ☐ Yes ☐ No Effective: ☐ Yes ☐ No
 Side effects: ☐ Yes ☐ No If yes, explain: _____

Incontinent: ☒ Yes ☐ No ☒ Bladder ☒ Bowel ☐ Ostomy: _____
 Appliances: ☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule
☐ Foley Catheter - Size _____
☐ Other _____

Skin condition: ☒ Intact ☐ Pressure sore ☐ Stage/Location: _____
☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer: _____

Nutritional Status: ☒ Current weight 141 lbs
 Weight Change: ☐ No ☐ Gain 5 lbs ☐ Loss _____ lbs.
 PLAN: ☐ IV fluids ☒ Special diet ☐ Supplements ☐ NG tube ☒ Tube

Other: _____

Diagnosis for NG/G Tube: Dysphagia Mannan (-)

Tube site treatment: _____

Pain Management Program: ☒ Yes ☐ No - If yes, progress since last assessment: _____Accidents/Incidents: ☐ Yes ☒ No - If yes, explain: _____

Contractures: ☒ Yes ☐ No - If yes, explain: _____

Restorative PT:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Reason:	_____
Tx Time/Wk:	_____	Bed mobility:	_____
Transfer:	_____	Ambulation:	_____
Restorative OT:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Reason:	_____
Tx Time/Wk:	_____	ADL's:	_____
Transfer:	_____	Feeding skills:	_____
Restorative ST:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Reason:	_____
Tx Time/Wk:	_____		_____

Devices/Restraints:	<input type="checkbox"/> No <input type="checkbox"/> Seatbelts <input type="checkbox"/> APS <input type="checkbox"/> Belt restraint <input type="checkbox"/> Lapboard
	<input type="checkbox"/> Full siderails <input type="checkbox"/> 1/2 siderails <input type="checkbox"/> Other
Medical diagnosis/symptoms for restraint: _____	

Skin Assessment

Stage I ☐ Site _____ Size _____
Stage II ☐ Site _____ Size _____
Stage III ☐ Site _____ Size _____
Stage IV ☐ Site _____ Size _____
Stasis ulcer ☐ Site _____ Size _____

Medical Conditions

☐ Vegetative State ☐ Comatose
☐ Internal Bleeding ☐ Dehydration
☐ Terminally Ill ☐ MRSA ☐ VRE
☐ Chronic Constipation ☐ C-Diff

Medical Treatments

☐ Tracheostomy Care ☒ Suctioning
☒ Oxygen ☐ Transfusion
☐ Nasal Gastric Feeding ☐ Parenteral Feeding
☐ Wound Care ☐ Chemotherapy
☐ Catheter(Indwelling) ☐ Physical Restraints
☒ Behavior Problems ☐ Non Compliant

Drug Regimen Reviewed ☒

Interaction/Side Effect _____
Other remarks: _____

Physician's Signature: _____ Date: 6/2/01

Monthly Exam & Assessment

Include Abnormal Labs/X-rays/EKG

WGT
EKG
Lyp - 1BS P tnh - V4
Hb - 1A
BACULIN

WML impy
H/H SK

Consultations/Special Tests

Goals/Plans Lab Ld Tx

PHYSICIAN'S MONTHLY PROGRESS NOTES

Resident Name: Karron Marion Rm#: 120A BP 100/60 WT 138³ lbs TPR 98⁸ 88 12

Allergies: None

DNR - Reviewed and Renewed: (☒) Yes () Not Applicable

Advance Directives: () DNI () Health Care Proxy () Living Will () None

Change in condition since last assessment: ☐ Yes ☐ No - if yes, explain: _____

Infection _____

Dehydration _____

Constipation _____

Chronic Diagnosis: Resp Failure, COPD, A-Fib, Hypothyroidism.

Mental Status:

☒ Alert

☐ Cognitively impaired

☐ Dementia

☐ Alzheimer's

Behavior:

☐ Well adjusted

☐ Depressed

☐ Anxious

☐ Wanders

☐ Verbally abusive

☐ Socially inappropriate

☐ Physically abusive

☐ Behavior management problem

Explain: _____

Psychotropics:

☒ Yes

☐ No

Effective:

☒ Yes

☐ No

Side effects:

☐ Yes

☒ No

If yes, explain: _____

Incontinent:

☒ Yes

☐ No

☒ Bladder

☒ Bowel

☐ Ostomy: _____

Appliances:

☐ Yes

☐ No

☐ Condom Catheter

☐ Toileting schedule

☐ Foley Catheter -

Size _____

☐ Other _____

Skin condition:

☒ Intact

☐ Pressure sore

☐ Stage/Location: _____

☐ Burns/wounds

☐ Foot problem

☐ Stasis ulcer: _____

Nutritional Status:

☐ Current weight

138.3

lbs

Weight Change:

☐ No

☐ Gain

lbs

☒ Loss

2.7

lbs.

PLAN:

☐ IV fluids

☒ Special diet

☐ Supplements

☐ NG tube

☐ G Tube

Other: _____

Diagnosis for NG/G Tube: _____

Tube site treatment: _____

Pain Management Program: ☐ Yes ☒ No - If yes, progress since last assessment: _____

Accidents/Incidents:

☐ Yes

☒ No

- If yes, explain: _____

Contractures: ☐ Yes ☐ No - If yes, explain: _____

Restorative PT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Reason: _____
Tx Time/Wk: _____	Bed mobility: _____
Transfer: _____	Ambulation: _____
Restorative OT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Reason: _____
Tx Time/Wk: _____	ADL's: _____
Transfer: _____	Feeding skills: _____
Restorative ST: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Reason: _____
Tx Time/Wk: _____	

Devices/Restraints: ☐ No ☐ Seatbelts ☐ APS ☐ Belt restraint ☐ Lapboard
☐ Full siderails ☐ 1/2 siderails ☐ Other _____

Medical diagnosis/symptoms for restraint: _____

Skin Assessment

Stage I	<input type="checkbox"/> Site _____	Size _____
Stage II	<input type="checkbox"/> Site _____	Size _____
Stage III	<input type="checkbox"/> Site _____	Size _____
Stage IV	<input type="checkbox"/> Site _____	Size _____
Stasis ulcer	<input checked="" type="checkbox"/> Site _____	Size _____

Medical Conditions

<input type="checkbox"/> Vegetative State	<input type="checkbox"/> Comatose
<input type="checkbox"/> Internal Bleeding	<input type="checkbox"/> Dehydration
<input type="checkbox"/> Terminally Ill	<input type="checkbox"/> MRSA <input type="checkbox"/> VRE
<input type="checkbox"/> Chronic Constipation	<input type="checkbox"/> C-Diff

Medical Treatments

<input checked="" type="checkbox"/> Tracheostomy Care	<input checked="" type="checkbox"/> Suctioning
<input checked="" type="checkbox"/> Oxygen	<input type="checkbox"/> Transfusion
<input type="checkbox"/> Nasal Gastric Feeding	<input type="checkbox"/> Parenteral Feeding
<input type="checkbox"/> Wound Care	<input type="checkbox"/> Chemotherapy
<input type="checkbox"/> Catheter(Indwelling)	<input type="checkbox"/> Physical Restraints
<input type="checkbox"/> Behavior Problems	<input type="checkbox"/> Non Compliant

Drug Regimen Reviewed ☒

Interaction/Side Effect _____

Other remarks: _____

Monthly Exam & Assessment

Include Abnormal Labs/X-rays/EKG

Hx-NM- Pnl.

Hx-RA

Lup CTM

Abn so ft RTM

Ex-PulEm

Consultations/Special Tests

Continue with Therapy

Goals/Plans Continue Current Th

Physician's Signature: _____

Date: 6/3/14

PHYSICIAN'S MONTHLY PROGRESS NOTES

Resident Name: Karron Marron Rm#: 1304 BP 100/60 WT 150 TPR 99 ³/₈₂ ¹²

Allergies: None

DNR - Reviewed and Renewed: (☒) Yes () Not Applicable

Advance Directives: () DNI () Health Care Proxy () Living Will (☒) None

Change in condition since last assessment: ☒ Yes ☐ No - if yes, explain: _____

Infection _____

Dehydration NGT feeding so aspiration

Constipation _____

Chronic Diagnosis: Resp. Failure, COPD, A-Fib, hypothyroidism

Mental Status: ☒ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's
 Behavior: ☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders
☐ Verbally abusive ☐ Socially inappropriate
☐ Physically abusive ☐ Behavior management problem

Explain: _____

Psychotropics: ☒ Yes ☐ No Effective: ☒ Yes ☐ No
 Side effects: ☐ Yes ☐ No If yes, explain: _____

Incontinent: ☒ Yes ☐ No ☒ Bladder ☒ Bowel ☐ Ostomy: _____
 Appliances: ☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule
☐ Foley Catheter - Size _____
☐ Other _____

Skin condition: ☒ Intact ☐ Pressure sore ☐ Stage/Location: _____
☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer: _____

Nutritional Status: ☒ Current weight 150 lbs started on NGT feeding 7/15/08
 Weight Change: ☐ No ☒ Gain 11.7 lbs ☐ Loss _____ lbs.
 PLAN: ☐ IV fluids ☐ Special diet ☐ Supplements ☒ NG tube ☐ G Tube

Other: _____

Diagnosis for NG/G Tube: Aspiration

Tube site treatment: GI Eval pending for possible peg tube

Pain Management Program: ☐ Yes ☒ No - If yes, progress since last assessment: _____

Accidents/Incidents: ☐ Yes ☒ No - If yes, explain: _____

Contractures: ☐ Yes ☐ No - If yes, explain: _____

Restorative PT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ Bed mobility: _____
Transfer: _____ Ambulation: _____
Restorative OT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ ADL's: _____
Transfer: _____ Feeding skills: _____
Restorative ST: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____

Devices/Restraints: ☒ No ☐ Seatbelts ☐ APS ☐ Belt restraint ☐ Lapboard
☐ Full siderails ☐ 1/2 siderails ☐ Other
Medical diagnosis/symptoms for restraint: _____

Skin Assessment

Stage I ☐ Site _____ Size _____
Stage II ☐ Site _____ Size _____
Stage III ☐ Site _____ Size _____
Stage IV ☐ Site _____ Size _____
Stasis ulcer ☒ Site _____ Size _____

Medical Conditions

☐ Vegetative State ☐ Comatose
☐ Internal Bleeding ☐ Dehydration
☐ Terminally Ill ☐ MRSA ☐ VRE
☐ Chronic Constipation ☐ C-Diff

Medical Treatments

☒ Tracheostomy Care ☒ Suctioning
☒ Oxygen ☐ Transfusion
☒ Nasal Gastric Feeding ☐ Parenteral Feeding
☐ Wound Care ☐ Chemotherapy
☐ Catheter(Indwelling) ☐ Physical Restraints
☐ Behavior Problems ☐ Non Compliant

Drug Regimen Reviewed ☒

Interaction/Side Effect _____
Other remarks: _____

Monthly Exam & Assessment

Include Abnormal Labs/X-rays/EKG

NCAT @ NLT
Hb - RA
Lyp. CTM
HbA1c
Zeb. P/L/T/urine

Consultations/Special Tests

Wt gain - on NLT
Aug 6L cml (1)

Goals/Plans Get cml. G-keph

Physician's Signature: _____

Date: _____

PHYSICIAN'S MONTHLY PROGRESS NOTES

Resident Name: Karron Mann Rm#: 130A BP 116/70 WT 135 TPR 98-80-16
 Allergies: None

DNR - Reviewed and Renewed: () Yes () Not Applicable

Advance Directives: () DNI () Health Care Proxy () Living Will () None

Change in condition since last assessment: ☐ Yes ☐ No - if yes, explain: _____

Infection _____

Dehydration _____

Constipation _____

Chronic Diagnosis: Heart Failure, Vant, malnutrition, COPD, Afib

Hypothyroidism

Mental Status: ☐ Alert ☒ Cognitively impaired ☐ Dementia ☐ Alzheimer's

Behavior: ☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders

☐ Verbally abusive ☐ Socially inappropriate

☐ Physically abusive ☐ Behavior management problem

Explain: _____

Psychotropics: ☒ Yes ☐ No Effective: ☒ Yes ☐ No

Side effects: ☐ Yes ☐ No If yes, explain: _____

Incontinent: ☒ Yes ☐ No ☐ Bladder ☒ Bowel ☐ Ostomy: _____

Appliances: ☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule

☐ Foley Catheter - Size _____

☐ Other _____

Skin condition: ☐ Intact ☒ Pressure sore ☒ Stage/Location: II - Sacrum

☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer: _____

Stage II pressure ulcer sacrum

Nutritional Status: ☐ Current weight 135 lbs

Weight Change: ☐ No ☐ Gain _____ lbs ☐ Loss _____ lbs.

PLAN: ☐ IV fluids ☐ Special diet ☐ Supplements ☒ NG tube ☐ G Tube

Other: _____

Diagnosis for NG/G Tube: Dysphagia

Tube site treatment: _____

Pain Management Program: ☒ Yes ☐ No - If yes, progress since last assessment: _____

Oxycodone 5/325 T q 8hrs PRN

Accidents/Incidents: ☐ Yes ☒ No - If yes, explain: _____

Contractures: ☐ Yes ☐ No - If yes, explain: _____

Restorative PT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ Bed mobility: _____
Transfer: _____ Ambulation: _____
Restorative OT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ ADL's: _____
Transfer: _____ Feeding skills: _____
Restorative ST: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____

Devices/Restraints: ☒ No ☐ Seatbelts ☐ APS ☐ Belt restraint ☐ Lapboard
☐ Full siderails ☒ 1/2 siderails ☐ Other
Medical diagnosis/symptoms for restraint: _____

Skin Assessment

Stage I ☐ Site _____ Size _____
Stage II ☒ Site Salmon Size 3 x 3 x 0
Stage III ☐ Site _____ Size _____
Stage IV ☐ Site _____ Size _____
Stasis ulcer ☐ Site _____ Size _____

Medical Conditions

☐ Vegetative State ☐ Comatose
☐ Internal Bleeding ☐ Dehydration
☐ Terminally Ill ☐ MRSA ☐ VRE
☐ Chronic Constipation ☐ C-Diff

Medical Treatments

☒ Tracheostomy Care ☒ Suctioning
☒ Oxygen ☐ Transfusion
☒ Nasal Gastric Feeding ☐ Parenteral Feeding
☒ Wound Care ☐ Chemotherapy
☐ Catheter(Indwelling) ☐ Physical Restraints
☐ Behavior Problems ☐ Non Compliant

Drug Regimen Reviewed ☒

Interaction/Side Effect _____
Other remarks: _____

Monthly Exam & Assessment

Include Abnormal Labs/X-rays/EKG

NCAT - BAC 2 wpl
Hb - R1
Lyo CPTM
Abd C/B3 samples
EKG Q111111

Consultations/Special Tests

SAL 6-14 plus in 9/14

Goals/Plans CP Care Tx

Physician's Signature: [Signature] Date: 8/25/14

PHYSICIAN'S MONTHLY PROGRESS NOTES

Resident Name: Karron Manra Rm#: 130A BP 116/70 WT 135 TPR 98.4 70.6Allergies: NoneDNR - Reviewed and Renewed: (☒) Yes () Not ApplicableAdvance Directives: () DNI () Health Care Proxy () Living Will (☒) NoneChange in condition since last assessment: ☐ Yes ☐ No - if yes, explain: _____Infection RLC infiltrate on IVAB

Dehydration _____

Constipation _____

Chronic Diagnosis: Resp Failure, COPD, AFib, Hypothyroidism, O.A., O.P. VentPneumonia, ETOH abuse, Dysphagia, Peg tubeMental Status: ☐ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer'sBehavior: ☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders☐ Verbally abusive ☐ Socially inappropriate☐ Physically abusive ☐ Behavior management problem

Explain: _____

Psychotropics: ☒ Yes ☐ NoEffective: ☒ Yes ☐ NoSide effects: ☐ Yes ☒ No

If yes, explain: _____

Incontinent: ☒ Yes ☐ No☒ Bladder ☒ Bowel☐ Ostomy: _____Appliances: ☐ Yes ☐ No☐ Condom Catheter☐ Toileting schedule☐ Foley Catheter - Size _____☐ Other 4Skin condition: ☐ Intact☒ Pressure sore☐ Stage/Location: Stage II - Sacrum☐ Burns/wounds☐ Foot problem☐ Stasis ulcer: _____Nutritional Status: ☐ Current weight 135 lbsWeight Change: ☒ No ☐ Gain _____ lbs ☐ Loss _____ lbs.PLAN: ☐ IV fluids ☐ Special diet ☐ Supplements ☐ NG tube ☒ G Tube

Other: _____

Diagnosis for NG/G Tube: DysphagiaTube site treatment: clean GT site vs, apply mylantaPain Management Program: ☒ Yes ☐ No - If yes, progress since last assessment: _____Accidents/Incidents: ☐ Yes ☒ No - If yes, explain: _____

Contractures: ☐ Yes ☐ No - If yes, explain: _____

Restorative PT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ Bed mobility: _____
Transfer: _____ Ambulation: _____
Restorative OT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ ADL's: _____
Transfer: _____ Feeding skills: _____
Restorative ST: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____

Devices/Restraints: ☒ No ☐ Seatbelts ☐ APS ☐ Belt restraint ☐ Lapboard
☐ Full siderails ☒ 1/2 siderails ☐ Other

Medical diagnosis/symptoms for restraint: _____

Skin Assessment

Stage I ☐ Site _____ Size _____
Stage II ☒ Site Salmon Size 2 x 2 x 0
Stage III ☐ Site _____ Size _____
Stage IV ☐ Site _____ Size _____
Stasis ulcer ☐ Site _____ Size _____

Medical Conditions

☐ Vegetative State ☐ Comatose
☐ Internal Bleeding ☐ Dehydration
☐ Terminally Ill ☐ MRSA ☐ VRE
☐ Chronic Constipation ☐ C-Diff

Medical Treatments

☒ Tracheostomy Care ☒ Suctioning
☒ Oxygen ☐ Transfusion
☐ Nasal/Gastric Feeding ☐ Parenteral Feeding
☒ Wound Care ☐ Chemotherapy
☐ Catheter(Indwelling) ☐ Physical Restraints
☐ Behavior Problems ☐ Non Compliant

Drug Regimen Reviewed ☒

Interaction/Side Effect _____

Other remarks: _____

Physician's Signature: _____

Monthly Exam & Assessment

Include Abnormal Labs/X-rays/EKG

Hw - NCA
Bx EMT
Hx (Bx) + ph + Resp
C.I. RN
Lys & BS com
All soft
Sh (Bx) sh / Hw

Pres Tx in Med Tr

Consultations/Special Tests

Goals/Plans Low Cal Tr

Mr D

Date: 10/20/14

PHYSICIAN'S MONTHLY PROGRESS NOTES

Resident Name: Karron, Marvin Rm#: 13A BP 112/60 WT 136 TPR 99-86-16

Allergies: NKA

DNR - Reviewed and Renewed: (☒) Yes () Not Applicable

Advance Directives: () DNI () Health Care Proxy () Living Will (☒) None

Change in condition since last assessment: ☐ Yes ☐ No - if yes, explain: _____

Infection: pneumonia

Dehydration: _____

Constipation: _____

Chronic Diagnosis: Resp failure → Vent, COPD, pox tube, A-fib,

thyroid

Mental Status: ☒ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's

Behavior: ☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders

☐ Verbally abusive ☐ Socially inappropriate

☐ Physically abusive ☐ Behavior management problem

Explain: _____

Psychotropics: ☒ Yes ☐ No Effective: ☒ Yes ☐ No

Side effects: ☐ Yes ☒ No If yes, explain: _____

Incontinent: ☒ Yes ☐ No ☒ Bladder ☒ Bowel ☐ Ostomy: _____

Appliances: ☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule

☐ Foley Catheter - Size _____

☐ Other _____

Skin condition: ☒ Intact ☐ Pressure sore ☐ Stage/Location: _____

☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer: _____

Nutritional Status: ☐ Current weight 136 lbs

Weight Change: ☐ No ☒ Gain _____ lbs ☐ Loss _____ lbs.

PLAN: ☐ IV fluids ☐ Special diet ☐ Supplements ☐ NG tube ☐ G Tube

Other: _____

Diagnosis for NG/G Tube: Dysphagia

Tube site treatment: NS wash

Pain Management Program: ☒ Yes ☐ No - If yes, progress since last assessment: _____

percode 5/52 T 9 8.

Accidents/Incidents: ☐ Yes ☒ No - If yes, explain: _____

Contractures: ☐ Yes ☐ No - If yes, explain: _____

Restorative PT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ Bed mobility: _____
Transfer: _____ Ambulation: _____
Restorative OT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ ADL's: _____
Transfer: _____ Feeding skills: _____
Restorative ST: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____

Devices/Restraints: ☒ No ☐ Seatbelts ☐ APS ☐ Belt restraint ☐ Lapboard
☐ Full siderails ☒ 1/2 siderails ☐ Other

Medical diagnosis/symptoms for restraint: _____

Skin Assessment

Stage I ☐ Site _____ Size _____
Stage II ☐ Site _____ Size _____
Stage III ☐ Site _____ Size _____
Stage IV ☐ Site _____ Size _____
Stasis ulcer ☐ Site _____ Size _____

Medical Conditions

☐ Vegetative State ☐ Comatose
☐ Internal Bleeding ☐ Dehydration
☐ Terminally Ill ☐ MRSA ☐ VRE
☐ Chronic Constipation ☐ C-Diff

Medical Treatments

☒ Tracheostomy Care ☒ Suctioning
☒ Oxygen ☐ Transfusion
☒ Nasal-Gastric Feeding ☐ Parenteral Feeding
☐ Wound Care ☐ Chemotherapy
☐ Catheter(Indwelling) ☐ Physical Restraints
☐ Behavior Problems ☐ Non Compliant

Drug Regimen Reviewed ☒

Interaction/Side Effect _____

Other remarks: _____

Monthly Exam & Assessment

Include Abnormal Labs/X-rays/EKG

Arteries,
Heart: normal, ECG, ECHO
EMT Phoebe

dent. CNA

1/1/17 ROM
MD: null MD, DRG, PHEC

ent. ocd/c

Consultations/Special Tests

Pulmonary (or Licens)

Goals/Plans

Ant Cumb
Meynard

Physician's Signature: _____

Date: _____

PHYSICIAN'S MONTHLY PROGRESS NOTES

Resident Name: Karron Manon Rm#: 1304 BP _____ WT _____ TPR _____

Allergies: _____

DNR - Reviewed and Renewed: (☒) Yes () Not Applicable

Advance Directives: () DNI () Health Care Proxy () Living Will () None

Change in condition since last assessment: ☐ Yes ☐ No - if yes, explain: _____

Infection _____

Dehydration _____

Constipation _____

Chronic Diagnosis: Heart Failure, COPD, Vents, A.Fib, Hypothyroidism

Mental Status: ☐ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's
 Behavior: ☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders
☐ Verbally abusive ☐ Socially inappropriate
☐ Physically abusive ☐ Behavior management problem

Explain: _____

Psychotropics: ☒ Yes ☐ No Effective: ☒ Yes ☐ NoSide effects: ☐ Yes ☐ No If yes, explain: _____

Incontinent: ☒ Yes ☐ No ☒ Bladder ☒ Bowel ☐ Ostomy: _____
 Appliances: ☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule
☐ Foley Catheter - Size _____
☐ Other _____

Skin condition: ☐ Intact ☒ Pressure sore ☒ Stage/Location: Stage II
☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer: _____

Nutritional Status: ☐ Current weight _____ lbs
 Weight Change: ☐ No ☐ Gain _____ lbs ☐ Loss _____ lbs.
 PLAN: ☐ IV fluids ☐ Special diet ☐ Supplements ☐ NG tube ☒ G Tube

Other: _____

Diagnosis for NG/G Tube: DysphagiaTube site treatment: Clean & NoPain Management Program: ☒ Yes ☐ No - If yes, progress since last assessment: prescribedAccidents/Incidents: ☐ Yes ☒ No - If yes, explain: _____

Contractures: ☐ Yes ☐ No - If yes, explain: _____

Restorative PT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ Bed mobility: _____
Transfer: _____ Ambulation: _____
Restorative OT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ ADL's: _____
Transfer: _____ Feeding skills: _____
Restorative ST: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____

Devices/Restraints: ☒ No ☐ Seatbelts ☐ APS ☐ Belt restraint ☐ Lapboard
☐ Full siderails ☒ 1/2 siderails ☐ Other
Medical diagnosis/symptoms for restraint: _____

Skin Assessment

Stage I ☐ Site _____ Size _____
Stage II ☒ Site Sacrum Size _____
Stage III ☐ Site _____ Size _____
Stage IV ☐ Site _____ Size _____
Stasis ulcer ☐ Site _____ Size _____

Medical Conditions

☐ Vegetative State ☐ Comatose
☐ Internal Bleeding ☐ Dehydration
☐ Terminally Ill ☐ MRSA ☐ VRE
☐ Chronic Constipation ☐ C-Diff

Medical Treatments

☒ Tracheostomy Care ☒ Suctioning
☒ Oxygen ☐ Transfusion
☐ Nasal Gastric Feeding ☐ Parenteral Feeding
☒ Wound Care ☐ Chemotherapy
☐ Catheter(Indwelling) ☐ Physical Restraints
☐ Behavior Problems ☐ Non Compliant

Drug Regimen Reviewed ☒

Interaction/Side Effect _____
Other remarks: _____

Physician's Signature: _____

Monthly Exam & Assessment

Include Abnormal Labs/X-rays/EKG

Awake
Heart: MHR, ECG, echocardiogram, EMI
@ back
chest: CXR
ILR SEM
med: sub ND, eth, EVER
act: Ocillo

Consultations/Special Tests

Pulmonary (D-Glucose)

Goals/Plans Cont Vaso

Date: 1/12/08

PHYSICIAN'S MONTHLY PROGRESS NOTES

Resident Name: Marion Karon Rm#: 240A BP 110/70 WT 176 TPR 100-84-16Allergies: NoneDNR - Reviewed and Renewed: ☒ Yes () Not ApplicableAdvance Directives: () DNI () Health Care Proxy () Living Will ☒ NoneChange in condition since last assessment: ☐ Yes ☐ No - if yes, explain:Infection: Infected sacral decub debrided on 2/6/09

Dehydration

Constipation

Chronic Diagnosis: Resp failure, went, COLD, AF, ETOH abuse, dysphagia→ res hypothyroidism, osteoporosisMental Status: ☒ Alert ☒ Cognitively impaired ☐ Dementia ☐ Alzheimer'sBehavior: ☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders☐ Verbally abusive ☐ Socially inappropriate☐ Physically abusive ☐ Behavior management problem

Explain: _____

Psychotropics: ☒ Yes ☐ NoSide effects: ☐ Yes ☒ NoEffective: ☒ Yes ☐ NoIf yes, explain: Respiral D/od
Pain I to some 4 days then
DCLIncontinent: ☒ Yes ☐ NoAppliances: ☐ Yes ☐ No☐ Bladder ☒ Bowel☐ Condom Catheter☐ Ostomy:☐ Toileting schedule☒ Foley Catheter -☐ OtherSize 16FSkin condition: ☐ Intact☐ Burns/wounds☒ Pressure sore☐ Foot problem☐ Stage/Location:☐ Stasis ulcer:Nutritional Status: ☒ Current weight 176 lbsWeight Change: ☐ No ☐ Gain lbs ☐ Loss lbsPLAN: ☐ IV fluids ☐ Special diet ☐ Supplements ☐ NG tube ☒ G Tube

Other:

Diagnosis for NG/G Tube: dysphagiaTube site treatment: NS wash GT Q5 + prPain Management Program: ☒ Yes ☐ No - If yes, progress since last assessment: percocet 5/325T tab GT Q80.Accidents/Incidents: ☐ Yes ☒ No - If yes, explain: _____

Contractures: ☒ Yes ☐ No - If yes, explain: shoulders

Restorative PT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ Bed mobility: _____
Transfer: _____ Ambulation: _____
Restorative OT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ ADL's: _____
Transfer: _____ Feeding skills: _____
Restorative ST: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____

Devices/Restraints: ☐ No ☐ Seatbelts ☐ APS ☐ Belt restraint ☐ Lapboard
☐ Full siderails ☒ 1/2 siderails ☐ Other
Medical diagnosis/symptoms for restraint: post-fopping

Skin Assessment

Stage I ☐ Site _____ Size _____
Stage II ☐ Site _____ Size _____
Stage III ☐ Site _____ Size _____
Stage IV ☒ Site Sacrum Size 11.5 X 7.5 c3.8 depth firm
Stasis ulcer ☐ Site _____ Size _____

Medical Conditions

☐ Vegetative State ☐ Comatose
☐ Internal Bleeding ☐ Dehydration
☐ Terminally Ill ☒ MRSA ☐ VRE
☐ Chronic Constipation ☐ C-Diff Sacrum

Medical Treatments

☒ Tracheostomy Care ☒ Suctioning
☒ Oxygen ☐ Transfusion
☒ Nasal Gastric Feeding ☐ Parenteral Feeding
☒ Wound Care ☐ Chemotherapy
☒ Catheter (Indwelling) 20 ☐ Physical Restraints
☐ Behavior Problems ☐ Non Compliant

Drug Regimen Reviewed ☒

Interaction/Side Effect _____
Other remarks: _____

Physician's Signature: _____

Monthly Exam & Assessment

Include Abnormal Labs/X-rays/EKG

V/S
lung chance
S/S
BS + Sx
hx leg clay
white dr
comp
phen
h2 hypoth

Consultations/Special Tests

GA

Goals/Plans

on Am Le det
Sinderm

PHYSICIAN'S MONTHLY PROGRESS NOTES

Resident Name: Marion Karon Rm#: 245A BP 110/60 WT 187 TPR 98.8-82-14
 Allergies: None

DNR - Reviewed and Renewed: (☒) Yes () Not Applicable

Advance Directives: () DNI () Health Care Proxy () Living Will (☒) None

Change in condition since last assessment: ☐ Yes ☐ No - if yes, explain: _____

Infection _____

Dehydration _____

Constipation _____

Chronic Diagnosis: Pept. failure, vent, COPD, HTN, AF, malnutrition, MRSA, sepsis, ETOH abuse, osteoporosis, osteoarthritis, Dysphagia

Mental Status: ☐ Alert (☒) Cognitively impaired ☐ Dementia ☐ Alzheimer's

Behavior: ☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders

☐ Verbally abusive ☐ Socially inappropriate

☐ Physically abusive ☐ Behavior management problem

Explain: _____

Psychotropics: (☒) Yes ☐ No

Side effects: ☐ Yes (☒) No

Effective: (☒) Yes ☐ No

If yes, explain: painful for depression

Incontinent: (☒) Yes ☐ No

Appliances: ☐ Yes ☐ No

☐ Foley Catheter -

☐ Other _____

(☒) Bladder (☒) Bowel

☐ Condom Catheter

Size _____

☐ Ostomy: _____

☐ Toileting schedule

Skin condition: ☐ Intact

☐ Burns/wounds

(☒) Pressure sore

☐ Foot problem

☐ Stage/Location: _____

☐ Stasis ulcer: _____

Nutritional Status: (☒) Current weight 187 lbs

Weight Change: ☐ No ☐ Gain _____ lbs ☐ Loss _____ lbs.

PLAN: ☐ IV fluids ☐ Special diet ☐ Supplements ☐ NG tube (☒) G Tube

Other: _____

Diagnosis for NG/G Tube: Dysphagia

Tube site treatment: NS wash, GT QS c mylantra oint

Pain Management Program: (☒) Yes ☐ No - If yes, progress since last assessment: pain controlled c perioral

Accidents/Incidents: ☐ Yes (☒) No - If yes, explain: _____

Contractures: ☒ Yes ☐ No - If yes, explain: shoulders

Restorative PT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ Bed mobility: _____
Transfer: _____ Ambulation: _____
Restorative OT: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____ ADL's: _____
Transfer: _____ Feeding skills: _____
Restorative ST: ☐ Yes ☒ No Reason: _____
Tx Time/Wk: _____

Devices/Restraints: ☐ No ☐ Seatbelts ☐ APS ☐ Belt restraint ☐ Lapboard
☐ Full siderails ☒ 1/2 siderails ☐ Other
Medical diagnosis/symptoms for restraint: posist + puffing

Skin Assessment

Stage I ☐ Site _____ Size _____
Stage II ☒ Site R shin Size 1.5 X 1
Stage III ☒ Site R hip Size 5 X 7 c. 1 Depth
Stage IV ☒ Site Scrum Size 10 X 9 c. 2cm
Stasis ulcer ☐ Site _____ Size _____

Medical Conditions

☐ Vegetative State ☐ Comatose
☐ Internal Bleeding ☐ Dehydration
☐ Terminally Ill ☒ MRSA ☐ VRE
☐ Chronic Constipation ☐ C-Diff Spun

Medical Treatments

☒ Tracheostomy Care ☒ Suctioning
☒ Oxygen ☐ Transfusion
☒ Nasal Gastric Feeding ☐ Parenteral Feeding
☒ Wound Care ☐ Chemotherapy
☐ Catheter (Indwelling) ☐ Physical Restraints
☒ Behavior Problems ☐ Non Compliant

Drug Regimen Reviewed ☒

Interaction/Side Effect _____
Other remarks: _____

Physician's Signature: M/C Date: 3/5/09

Monthly Exam & Assessment

Include Abnormal Labs/X-rays/EKG

V/S
Leg - turn
Arm S/H
Arm B/S
Resp. Cnt
Temp
HR
BP
Hydration

Consultations/Special Tests

Plum
he 1/17

Goals/Plans _____

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Marion ROOM: 237A CHART # 15354

DATE	TIME	NOTES
1/24/08	1 PM	Resident adm succ. Rm 237A Vent dependent Trach care + suctioned by RT Trach stoma Site clean. Adm Dx of Vent dependent resp failure. pneumonia, copd. Afib. MRSA Sputum ETOH Abuse. Hypothyroidism. Hyperlipidemia Malnutrition. Wt 142 lbs HT 5'11" TPR 98°-64-14 Body checked Trach to vent. Flc #16 pr clear amber Urine output 400 ~ (B) Hand ecchymosis + discolored (multiple) + scratches (B) feet scaly/dry both heels redness noted but off pressure → redness faded. Resident's son (Dr Karron) stated "Resident had been used N/C long time if N/C is not in her nose she think "can't breathe" even despite of resident on vent dependent N/C in her nose for comfort" also resident turns herself to side & tends to stay on her right side requires positioning Q2-3 hrs for V skin breakdown diet = Regular diet. Spoon-fed & consumed fairly well. SPM - Resident is restless & clapping swings her arms. banging side rails. Respiratory 1 percut. oxen as adult pulse ox remains 90% TPR 98° 64-14 SpO2 90% Aspirin 0.5mg po given for agitation. Obs for drug effectiveness. BMX 4 this tour. - when
1/22/08	N/S	Resident 1st night New Admission. Awake & responsive. Remains vent dependent. Suction & Trach Care given. Mod amt yellow thick secretion Incontinent of B&B. Good skin Care & peri Care given. PRN Diaper. Also 5 AM. Resident noted & restless turns side to side clapping her hands & also Resident fights & stuffs during ANL's Care & Suction & Trach Care. Emotional support and reality orientation given & some effect. Of resp. distress noted. vls 98° 86-16 B-P 140/80. Will continue to observe any changes in pt's Condition - Affected Flc o/p - 300cc amber color urine. Flc
1/22/08		Resident noted & redness c trach site. To cleanse around trach site & Nls apply Silvadine cream q 5 x 14 days. Contact ase-maintained for 5 - MRSA sputum - there

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Marion ROOM: 230A CHART # _____

DATE/TIME	NSG
6/22/08	Resident noted i skin tear on Rt hand. cleaned and dsg done. H.A to be eval - <u>Shirley</u>
1-22-08	OT/Rehab- Pt seen for IE & TX, she will be placed on restorative program 5x/wk x 30 minutes. P. DeLancey OTR/L -
1/22/08	PT/Rehab Resident seen for PT eval & TX. To be placed on restorative PT 5x/wk, 30 min sessions. See PT section for full eval & treatment plan. <u>Monica</u>
1-22-08	nursing- nls wash followed by bacitracin dressing every shift for 10 days and mittens at all times & release every 2 hours - <u>Styndale LPN</u>
1/22/08	nursing- vls 98.2-98.19 140/70 resident 2nd day n/A. vent dependent. Incontinent of bowel and bladder. Flc output 500 cc. Resident very restless - clapping, pulling out trach, mittens applied. Resident appetite good. Spoon fed by staff, will monitor - <u>Styndale LPN</u>
1/22/08	NSG. MD Signed on Res. History of physical and signed to TPO at 0.5mg. postat for gittern clean around trach site & H/S apply Siladene cr. q shift x 14 days & NS wash followed by bacitracin dsg to R hand q s. x 10 days. hand mitten at all the time & release @ every & for hygiene purpose will cont to observe. <u>Leanne</u>
1/23/08 6AM	vls 99.4, 86/14 2nd day need admistrn vent dependent. Res. restless trying to pulling out trach mitten applied. All med given Flc output <u>Benjamin</u>

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME Karron, Mario ROOM # 237A CHART #

DATE	TIME	Notes
1/23/08	11:00	Initial PPD placed @ Jaccard. <i>William</i>
1/23/08		<i>NA c. stiffness.</i> <i>nut. feed fo. 01 - PT</i>
1/23/08		nursing - resident 3rd day, n/a. appetite good, very restless. ativan given as ordered. resident c/o w/c. ativan had good effect. will monitor. <i>1s 99.2-70-20</i> <i>1/23/08</i> <i>FLC output 400cc</i>
1/23/08	10p	<i>NSG</i> <i>97, 70, 20 3rd day, n/a very restless. Altered by 10</i> <i>gives in agitation. Calm and very happy</i> <i>Compliable. No signs of reg distress noted</i> <i>FLC output 400cc</i> <i>Sherrill</i>
1/24/08	2am	<i>NSG</i> Resident noted to be restless. Agitated. Pericard 1 tab. Alivan by PRN given. Emotional support & reality orientation given & some effect. closely monitored. <i>v/s 99.8-80-12 B.P. 140/80. Total Care given. Made comfortable in bed. Will continue to observe. The N</i> <i>FLC output 300cc</i> <i>Sherrill</i>
1/24/08		<i>Spuch</i> Swallow & speak and complete Post Reg diet / then on P c/o. PPD cannot be utilized due to it causing ill effect for PPD once med. status H. <i>Added 10cc</i>
1-24-08	2:30pm	Resident attempting to remove trach several times. Order obtained for "mitts" to keep pt. safe. <i>William Drander/RN</i>
1/24/08	10p	<i>NSG</i> <i>FLC output 25cc. No behavior problems during shift</i>

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME

Karron M.

ROOM #

237A

CHART #

DATE

TIME

1/24/08

Pulm med
Pt eval = the chr.
vent unit staff
chart reviewed

- chr resp failure
- SIP tracheostomy
- COPD (acute on chr resp)
- AFib (parox failure)
- Etoh hx
- hypothyroidism
- hyperlipidemia
- pneumonia
- prior hx (malnutrition)
- depression

US reviewed / alert /
NAD

Chest - ↓ breath sounds
- minimal scattered
rhonchi

heart - RR, S1 S2
(distant)

abd - soft

ext - atrophic

Vent parameters, pressures,
O2 stats reviewed

a - chr resp fail

- p - bronchodil Rx
- pulm toilet - trach care
- mobilization
- nutritional monitoring
- DVT proph
- stress ulcer proph
- assess re weaning

Pass M.D.

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME Karron M ROOM # 237A CHART #

DATE	NS9
TIME 11/25/08	v/s 98.86.16. Resident received in bed & asleep.
11/25	No behavior problem noted p this time. Slept well.
	Total care anticipated. F/c s/p. 400 cc. Will observe - S/R
11/26/08	NSC
6am	V/S. 100.5 80 12 Res. is agitated Refused to
	medication then trying to pull mitten out
	perforat given as ordered. Total care anticipated.
	F/c output 300 cc with cont to observe. <u>Longman</u>
11/26/08	NSC
9p	97.9, 80, 12 afebrile F/c output 400 cc <u>S/R</u>
11/28/08	NS9
6am	v/s 99.5. 88.12. Resident sleeps fairly well. Total care
	anticipated. Made comfortable in bed. Will observe. S/R
11/27/08	NS9
3-11	V/S 98.5, 17, 80 Resident's son put a nicotine
	patch on her I removed it. He stated that
	she was on one in the hospital but it was
	not on the transfer forms. Problem per on problem
	sheet will continue to monitor for any other
11/27	problems <u>A. Myles</u>
3-11	F/c out put 500 cc <u>A. Myles</u>
11/28	NS9
11/2	F/c s/p. 400 cc. Resident slept well. No behavior
	problem noted. Will observe - S/R

1/28/08 medical
psych eval to
eval -
and - try
der - Anxiety.

①

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME _____ ROOM # _____ CHART # _____

DATE 1-28-08
TIME 7-3
Resident on Ativan for restlessness
& agitation —————
1/28/08 NSG
Psych eval —————
1/28/08 NSG
7-3p V/S 99.8, 88, 18. Resident agitated. Given Ativan.
—————
1/28/08 nursing - resident received flu vaccine in the R arm
at 4pm. Will monitor —————
1/28/08 NSG 3-11
Resident V/S 98.2 76 14 100 ↑ temp
& w/o c/o. will monitor. —————
1/28/08 NSG
12mn M.O. been & ordered psych eval — SK-R
1/28/08 117 F/capp - 200cc. Resident not in pain. Ativan by
PRN gives effect. 8/14 obs. — SK-R

1/29/08 Med
Called Son —————
Message who request
that pt be placed
on med. plan
we had pt
on plan last
week and felt
12 hrs for clarity
Cste gets P 52 of

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME Karron M. ROOM # _____ CHART # _____

DATE	TIME	NOTES
		ggsue bhann ok 12 will order Nicotine patch
		Psych hnt M
1/29/08	NSG	Nicotine patch 7mg to C.W. 24hrs rotate sites eval in 2 wks for withdrawal from nicotine. by psych
1/29/08	NSG	7-3p V/S 97.7, 82, 12. 1st day s/p flu vaccine. No adverse rxns noted. Will continue to monitor
1/29/08	NSG	7-3 Dr. Klaber spoke c. DAN Karron - resident son. Nicotine patch ordered & received in 2 weeks. Psych eval for nicotine withdrawal symptoms
1/29/08	NSG	7-3p V/S 97.7, 82, 12. No adverse rxn's noted. Will continue to monitor
1/29/08	NSG	P/O output 300cc
1/29/08	NSG	9-45p 98.5, 80, 14 1st day s/p flu vaccine. No adverse rxn's noted. Output 300cc
1/29/08	NSG	12mn M.D. seen & ordered Nicotine Patch 7mg to C.W. 24 hours rotate sites. Eval in 2 wks. Will continue to observe. H.R.

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME Karron, Harrison ROOM # 2370 CHART # _____

DATE	TIME	NOTES
11/30/08	NSG	Remedial shows Paroxysm noted. Altered in PRN gu Effect: Closely monitored. FLC output 306 cc. Will observe. H/R
11/30/08	NSG	nursing vit 98.7-78-20 resident 2nd day of flu vaccine in @ am. NAR noted. no % pain. will monitor Dumdale LCN - FLC output 550 cc
11/30/08	NSG	3:44 noted resident a fungal rash to priver. To Dr. Pabio for Mycolog cr 19.5 x 4 days
11/30/08	NSG	9:55, 78, 12 2nd day of flu vaccine NAR noted. Fungal rash noted to perineal area. Mycolog cream 28 x 4 distal noted. Altered given @ 2:40 & 1:10 (Ally 9 mnt) Will no SS resp distress noted. FLC output 450 cc Will continue to monitor
11/31/08	NSG	6 AM vit 98.0 80 20. Agitation Res. sleeping with some intervals. AM care provided. Suction done. No distress noted. will cont to observe
11/31/08	6:30 AM	FLC Output 300 cc Longman
11/31/08	AM	No A/C to priver & Spm Cof

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME Karran Marion ROOM # 237A CHART #

DATE	TIME	NOTES
1/3/08	NSV	D/C Foley cath. monitor output if unable to void in 80 reinsert Foley. Sputum culture x 2 to contact isolation. <i>[Signature]</i>
1/3/08	NSV	73p V/S 99.6, 76, 14. Resident 3rd day S/P flu vaccine no adverse rxns noted. Will continue. <i>[Signature]</i>
1/3/08	NSV	73 F/c output 200cc <i>[Signature]</i>
1/3/08		Patn med - above reviewed Pteval & the chr vent unit staff Vent parameters, pressures, O ₂ sat's - reviewed Trach care Patn toilet mobilization Nutritional support → continue not wearable Poor prognosis <i>[Signature]</i>
1/3/08	NSV	100. 76, 12 3rd day S/P flu vaccine rxn noted. Flc dc'd to 2p. 2p still small amt of 8/5p. Rsp 99. Will monitor. <i>[Signature]</i>
2/1/08	NSV	402 Residual shows flaccidity. After 1mg PRN gives effect. Total care anticipated. Sputum c/s obtained. <i>[Signature]</i>
2/1/08		Res care notes Sputum 2 c/s obtained. Aron (RT)
2/2/08		Rep carnote - sputum obtained for c/s - no resp
2/3/08	NSV	100 Residual awake and responsive. Shows flaccidity & agitation. Percocet 1400 PRN gives some effect

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME Karron ROOM # 2370 CHART # _____

DATE	1/29/08
TIME	4 AM
	Alivado 1mg PRN gives Nandoletti good effect. Total care anticipated. Made comfortable in bed. Will continue to observe - JCR
2/3/08	Nursing
7-3	Pneumovax 0.5cc administered IM x it is (C) upper arm. v/s 98.9-60-12. Will observe. W. Lumsden
2/3/08	11:30 AM
	nursing - while CNA was fixing closet, she found a 750ml bottle of Brogan Irish cream liquor and a 750ml bottle of cranberry grape wine in the bottom drawer of residents closet. Liquor brought to nursing station. Will notify social services. message left for social services. Will monitor - Jundale PR
2/3/08	2 PM
	nursing v/s 98.9-60-12 28/02 Resident had pneumovax in (C) arm. Resident given ativan as ordered for anxiety and Percocet as ordered for pain. Will monitor - Jundale PR
2/4/08	W Su
	v/s 92.4 72 16 Pneumovax in (C) arm. no complaints noted at this time res. slept all night will cont to monitor - Jundale PR
2/4/08	nursing v/s 98.8-76-11 130/70
	Pneumovax in (C) arm (1st day sp) PRN/c/o pain. Spoke to social worker Stacy about the liquor bottles found. she said she will talk to the family. Resident went to therapy. no s/s respiratory distress noted. Will monitor - Jundale
2/5/08	Nursing
4 AM	v/s 98.8-80-12. Alivado 1mg PRN gives Nandoletti good effect. Total care anticipated. Made comfortable in bed. Will continue to observe - JCR
2/5/08	Receptionist care note: PRN's TALKED with caregiver of 778 GCT. No bloodwork was needed. BS was 100. Urinalysis showed glucose was negative. No respiratory distress is noted at this time. Will continue to care monitor for any changes in respiratory status. Jundale PR

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: 237^D CHART # _____

DATE	2/5/08 (10pm)
TIME	(3-4) 4PM V/S 99.3-78-20 Resident appears restless. Total ADL care provided. Questioned PRN by respiratory therapist N/A noted. Total ADL care provided. <i>[Signature]</i>
2/6/08	Nursing Note
11-7	on Baoster AD placed @ forearm. <i>[Signature]</i>
2/6/08	V/S 98.3 80, 22, Alert & oriented. Suction done. Trach care done, ADL Anticipated Percocet & Ativan given as ordered. Will cont to observe. <i>[Signature]</i>
2/6/08	NSG
	skin assessed under trach holder & skin remains intact. <i>[Signature]</i>
2/6/08	NSG
7-3P	V/S 97.3, 92, 12. 3rd day s/p pneumonia vaccine. No adverse rxn's noted. Will continue to monitor. <i>[Signature]</i>
2/6/08	Local Pres: (Gate Entry)
	ADW notified of finding of alcohol in room on 2/3/08. On 2/4/08, AD spoke to 2 sons, Art & Dan. Dan is apparently the son who brought in the bottles. AD explained that at this time, alcohol is contraindicated to overall medical status & medication. Sons advised that alcohol was thrown out. In the future, if/when ADW is more stable medically, we can re-address issue of alcohol consumption. ADL Psychiatric & psychological services to be ordered. ADW file as needed. <i>[Signature]</i>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, M. ROOM: _____ CHART # _____

DATE TIME	
2/7/08	<p>Pneumony: - above reviewed. H eval \bar{c} the ch vent unit staff. vent parameters pressures, O₂ sat - significant change Not weanable at this point - see data base Present vent management continues</p> <p align="center"><i>[Signature]</i></p>
2/8/08 10am	nursing md ordered DNR ————— Stimpale CR
2/11/08 5 ³⁰ pm	<p>Nursing Apparently while pulling curtain. Feeding pole fell while pt was hunched, hitting her (lower leg, sustained a small lacer. No C/O of pain at this time). Cold compresses apply to (lower leg. Left message for son & Cheryl.</p>

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME

Karron

ROOM #

CHART #

DATE

TIME

Pulmonary Medicine

Date 2/11/08

Name: Karron, M

Case discussed with staff on rounds.

Ventilatory parameters were reviewed. Vital signs were reviewed.

PIP acceptable

Neurological status the patient is arousable.

Hemodynamically stable.

There is currently no evidence of acute infection.

Patient is not weanable from mechanical ventilation.

This is secondary to neurological dysfunction.

To continue present regimen.

Overall prognosis is poor.

Ralph J. Ciccone III, M.D. FCCP

MT - ex smoker

with lat. c. symptoms

to the Western State

2/13/08 nursing - mrs ordered nicotine patch 7mg to chest wall qd
2pm for 2 weeks then re-evaluate. will monitor
Styndale 42x

2/15/08 NSJ
6AM Resident noted a skin tear on Rt shig. cleaned
& dsg done. M.O to be eval - HLRW

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME _____ ROOM # _____ CHART # _____

DATE	TIME	NOTES
2/15/08		from TO for other than protocol to right arm <div style="text-align: right;">[Signature]</div>
2/15/08	NSX	
7-3p		Resident is hostile and spit on one of the CNAs Supervision notified.
2/17/08	Monthly Med Notes	
3-11		[Signature]
2/18/08	NSX	
7-3p		Resident desaturated and O ₂ sat was 85%. Respiratory tx given and O ₂ given. O ₂ sat went up to 96%. Respiratory therapy notified. Will continue to monitor.
2/18/08	NSX	
10p		48°F, 14 monitoring O ₂ Sat 96% 90% apical noted (aka's bedtime sleeping with monitor)
2/19/08	NSX	
4p		v/s 97-76-16-0 Sat 95%. No agitation & Anxiety noted. Ativan given as ordered & some effect. LBM 73 time good skin care peri care given. Will observe. Sh. Rev
2/19/08	NSX	
7:40am		Resident contains 2 Large loose BM's. x2 from this am. Stool sample obtained. Dr. Klaber to evaluate. R.T. also reported resident having episode of ↓ O ₂ SATuration despite treatments. O ₂ SAT was 88-91%, now @ 92%.

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME Karron ROOM # 237A CHART #

DATE 2/19/08
TIME 9 AM

MM
2/19/08 ↓ Dr Sgt
on Dr
low 92%
lung ↓ ls hly
no calc
no D n spth
Dr ✓ CH
hormone
Solvent W

2/19/08 USA

9 AM Resident evaluated by Dr Klack
drugs CXR IV Solvent 60 mg 96%
re-eval in 7 1/2 hours F70r 950-60 70%
Will continue to monitor

2/19/08 Resp Care later

10 AM pt breathing on vent F70r 150-60%
as per md currently pt 95%
ETC 30 units cont to monitor

2/19/08 nursing - md ordered Chest x-ray + Solvent W
10:30 60 mg 96% x 72 hours then re-eval
1 ipohale CPA

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME Karron, M ROOM # _____ CHART # _____

DATE	2/19/08
TIME	2300pm nursing v/s 99.3-78-16 120/70 resident on IVPB Solumedrol 60mg every 6 hours for 72 hours then re-evaluate. IV infused well. O ₂ on 10 liters. O ₂ sat 96. Chest x-ray pending. Resident had large loose BM x 2 will monitor — Tyndale LPN
2/19/08	Dental — See Dental Note
2/19/08	res = 1st 98.8-78-16. Res. IV Solumedrol cont. N/A. O ₂ sat 96% H/L intact on (R) hand. Arterial lines put for ABG's. LT FOL: Tol. well. D/C monitor
2/20/08	N/S v/s 99.2-78-16. IV Solumedrol 60mg given q 6 hours. H/L intact to R+ hand. Total care anticipated. Made comfortable in bed. A/C obs. — H/L Res
2/20/08	nursing v/s 100.9-78-16 118/56 resident on IVPB Solumedrol 60mg for COPD. IV infused well Tylenol given for temp re-temp 99.6. Resident had BM x 2. will monitor Tyndale LPN
2/20/08	9p 99.5-82-14 IV Solumedrol continued was noted. H/L (R) hand intact & patent. No S/S of resp distress noted. Will continue to monitor
2/21/08	N/S 6:45am v/s 98.5-82-10 - IVAB continued, infused well on (R) hand. No S/S of infiltration. Will continue to monitor. Tyndale LPN
2/21/08	nursing - no ordered to d/c Solumedrol IVPB and ordered 7-3 Prednisone 40mg for 4 days and 1 by 10mg every 3rd day until 10mg, then re-eval. will monitor — Tyndale LPN
2/21/08	3p nursing v/s 98.9-76-16 110/50 resident started Prednisone 40 mg today. Solumedrol d/c'd. Had BM x 3. No S/S respiratory distress. will monitor — Tyndale LPN

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME

Karron M

ROOM #

237A

CHART #

DATE

TIME

2

2/21/08

Pulm med - above reviewed
Pteval of the chr vent
unit staff
Vent parameters, pressures,
O₂ pats reviewed
Frach care
Pulm toilet
mobilization
nutritional support
not wearable
Poor prognosis

(J. J. Smith)

2/21/08

4:45

10p

98.3, 80, 12 bpm (noted po fluids encouraged. will
monitor

2/22/08

vs 100.3-82-20 12/64 resident had bpm x 1 coding measured
3p provided. re-temp 98.7. no sls respiratory distress.
will monitor - PTyndale, LPR

2/23/08

NSG

11-1

V/S 90-70 16. no LBR noted at this time. all
care rendered no (po will continue to obs - suddenly

2/25/08

NSG

1:00

Resident: Shows Pagetale's & Narvel's notes.
Pericard. Itab & Abdom. Itab PRN. give some effect.
Resident voided - foul odor. Good skin
Care & peri care provided. will observe HRN

2/25/08

medial

Abdomen -

no heat

unusual - fast infect

again

unusual

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME

Karron

ROOM #

CHART #

DATE

2/25/08

TIME

7-9

Urine remains foul smelling. u/A cts ordered by Dr. Seane → VReg

2/25/08

930A

nursing - no ordered u/A cts due to foul smelling urine
Stundale UP

2/25/08

7:0 Dr. Seane to ↓ FiO₂ to 35-45%

on p. RT recommended → 720 P Line N

2/25/08

Resp Care note.

pts FiO₂ re-evaluated pt is O₂ Sat maintained at 96% on FiO₂ 35-45%
no notified. It appears to be comfortable
cont to monitor

2/25/08

NAG 7-3 → 45-98-84-16 Resident monitored
to R/O UTI - u/A cts ordered & pending.
Incontinent of urine & slight foul odor
PO fluids encouraged & taken
Good incontinent care rendered.

2/25/08

NAG 7-3 → Prescriptive therapy in progress.
No respiratory distress noted. Will
observe.

2/26/08

500M

N59
Resident shows anxiety. Alarms in PRA given
& some effect. u/A cts obtained. PO fluids
encouraged. Will observe. H/R

2/26/08

nursing 45 98-82-20 Resident shows no signs of respiratory
distress waiting for urine results to R/O UTI. Will monitor
Stundale UP

2/26/08

9P

99.4, 78, 12 50% not applied. No signs of resp
distress noted. Will continue to monitor

2/26/08

NAG 7-3 → Restraint OT D.C. Awake &
& alert. ADL care rendered by staff.
↓ foul odor in urine. PO fluids
encouraged & taken. Good incontinent
care rendered. Will observe. 45-98-88-18

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME:

Zalmon, M

ROOM:

23A

CHART #

DATE	TIME	
2/27/08	8:30p	NG 98.4, 54, 12 No % Apitator noted above jawing @ 8 pm. Mark of resp distress noted 9:40p Apitator & but still noted. Will monitor - P
		MM
2/28		ML PT & VJ N
2/28/08		Noa 7-3 → monitored for final smelleria urine. Afebrile x 3 days. No odor in urine @ present. (awaiting results of urine C/S. Will observe & note PRN if any obs occur. VS 98-80-16
2/28/08		Pulmonary. - above reviewed PT eval & the chr vent unit staff. Vent parameters, pressures ① → Pts - 5 significant change continue track care, pulm toilet, mobilization nutritional support not weanable Poor prognosis continue present ventilator management Dano MD

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____

ROOM: _____

CHART # _____

Karron Malior

237A

DATE TIME	
3/1/08	<p>10/1 1st notes - 1st @ - C/S E-Coli will start on Bactrim</p>
3/1/08	<p>NSG: Resident urine C+S positive E-Coli, evaluated by NP & Scott + placed on Bactrim. Unable to reach 1st contact, reached 2nd contact. Dan updated him on same (to Deborah)</p>
3/1/08 3-11	<p>NSG Resident refused her dose of Bactrim (20mL) @ 6pm despite encouragement and feeling her the importance of adhering to her medications regimen. Will continue to teach resident on the value of medications.</p>
3/2/08 6am	<p>Alert & responsive, started on bactrim for UTI. NARN will monitor for changes. V-Ommenent</p>
3/2/08	<p>nursing v/s 99.3-82-12 104/58 resident on Bactrim for UTI. NARN noted. T p fluids encouraged. Will monitor. Syndale CA</p>
3/2/08 10pm	<p>3-11 NSG. V/S 98.7, 78, 116. R/S maintained on Bactrim for UTI. Bactrim given as per order. NARN. no c/o from R/S. Alwan given @ 9pm as per family's request for agitation. All meds & tx's given. R/S sleeping in Bed. & further agitation noted. R/S made comfortable.</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, M

ROOM: 237A

CHART # _____

DATE	TIME	
3/3/08		Nsg 7-3) Nsg - Resident in Backroom UTI. Incontinent of urine x 2 3 foul odor. VS 99-74-10 - OOB - w/c - will monitor.
3/3/08	5P	NP - Resident seen for re-eval of the skin patch. Spoke to resident who states no desire to smoke. No longer needs patch. Will D/C + F/U. m. Martinez NP
3/3/08	3-11	Nsg VS 98-7, 76, 14 Resident on bactrim for UTI. @ adverse reaction noted, all pm care provided. fluids encouraged, to promote hydration. @ respiratory distress noted, will observe. @ monitor.
3/4/08		Nsg 7-3) Backroom UTI. Incontinent of urine 3 foul odor. Resident noted to have edema of @ ankle - No tx trauma. Denies pain. Supervisor made aware. Attempted to keep leg elevated. VS 98-76-16 J. Giff
3/4/08		230pm nursing Resident very agitated, pulling out trach tube - disconnecting herself. Resident trying to bite + punch while trying to reconnect the trach tube. mittens applied. Ativan given pm as ordered. Will monitor. Stimpdale
3/4/08	3pm	nursing - resident calmed down. mittens taken off. Will monitor. Stimpdale RN
3/8/08		Law Dr. = Mr. Allen an/dp. - go back to room will dx. 5. CXR
3/6/08		ME Of in drug order Ch c Hb all

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: 237 CHART # 11

DATE	TIME	
3/5/08		<p>Naq 7-3 - VLS 99278-18 Bactrim → UTI - Asymptomatic. Resident evaluated by Dr. Pausi due to edema of (R) ankle. X-ray ordered.</p>
3/6/08		<p>Naq 7-35 Resident X-ray (R) ankle showed no fx but osteoporosis & osteoarthritis. Placed on Citracal & Vit D 400mg/400IU daily BID. Bactrim UTI in progress. Asymptomatic. VLS 974-84-18</p>
3/6/08		<p><u>PULMONARY</u> - above reviewed Trach care Pulm toilet + mobilization nutrition + support + Not weanable Poor prognosis</p> <p>continue</p> <p>There is no significant change in pt's vent & parameters, pressures, O₂ Sat's</p> <p align="center"><i>[Signature]</i></p>
3/7/08	11-30p	<p>MS: VLS 98-9, 8016 Bactrim for UTI as ordered. given NAR. Noted All med. given Sept with reg. enema wets. Suctions done. All care provided. Will cont to observe.</p> <p align="center"><i>[Signature]</i></p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron

ROOM: 237A

CHART # _____

DATE	TIME	
2/7/08	Nurse 7-3	Resident v/s 98.2 78, 12 On bactrim for UTI, med's given & ordered <u>to take Advil</u>
3/8/08	Nursing	
12 noon		v/s 97.3 - 78-18. Vent. dependent. Alert & responsive
2 PM		Resident noted to have ↑ anxiety. Attempted to getting up & sitting in the bed. Gab. Advil long tried to give her. But she refused to take the medicine. After 1/2 hour resident took the Advil. Resident calm down p medication. No further As in behavior noted. Residing comfortably @ the present time — on Gabapentin
3/9/08	NSG	
12 noon		Resident returned from Hospital. 9 resp. distress noted. v/s 98.9 78-12 B.P 126/72. Restless. noted. Clapping hands disconnecting the vent tube. Emotional support and reality orientation given — no effect. Allevas PRN percol PRN given — good effect. Resident slept well p medication. Total care anticipated. Made comfortable in bed. Will continue to observe — HPRN
3/9/08	NSG 7-3	2nd day SLP Bactrim — UTI. Asymptomatic. v/s 98.5-80-12. No respiratory distress noted. OOB — w/c. <u>Uye</u>
3/9/08	Nursing	
3-11		v/s 98.4 80 16 resident is status post AIB Bactrim for Urinary tract infection (2nd day) No signs of pain or distress, will observe and monitor for changes. <u>Michael Toddler RN</u>
3/9/08	NSG 7-3	v/s 98.9-80-16 3rd day SLP Bactrim — UTI. Asymptomatic. Will monitor note PRN of A's. <u>Uye</u>
3/9/08	70 in Pain/PT	Transfer resident to late entry RMC for evaluation due to pain outlay. — <u>NSG</u>

NAME: _____ ROOM: _____ CHART # _____

NAME: _____ ROOM: _____ CHART # _____

DATE	TIME	DESCRIPTION
3/10/08		Received +.0 transfer resident to room 232 B. Family notify by social service. CRONIN

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: K. Karon ROOM: _____ CHART # _____

DATE TIME	5/7/08 - NSG - VLS-10188 12 110/70 Tylenol cooling measures provided for ↑ Temp. - H/L intact (R) foot - I/A Rocephin/Avelox Cont'd ex RLL pneumonia. Spoon Temp 99.7 Appetite Hydration good. Spoon Fed by staff. PO fluids encouraged and tolerated. monitored closely. - T. Mangan
5/8/08	NSG
6/12	Ys 98 ² - 87 - 14 - 98% 90%. ZWABZ Avelox / Rocephin in progress for cil pneumonia. No adverse reaction noted. H/L R foot intact. good skin care & peric care. Will cont to monitor - yoyl
5/8/08	NSG
3m	pls US 1007 - 78 - 12 - tylenol & syringed - glub flush as needed - D/PB ABT in progress to adverse reaction 3m + 982 appetite & hydration good of distress - made comfortable McDonald
5/9/08	M&M
	Pl see. Pch. Pluth resdy process
	VSS - wbsl
	PE Regw BS Outk
	LSS - CKK - pram
	AP Prana - resdy - Andx
	IP - SpkTx

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Maroon ROOM: 130A CHART # _____

DATE
TIME

Pulmonary Medicine

Name: Karron, M

Date: 5/4/08

Case discussed with staff on rounds.

Ventilatory parameters were reviewed. Vital signs were reviewed.

PIP acceptable

Neurological status the patient is awake and alert

Hemodynamically stable.

There is a pneumonic process.

Patient is not weanable from mechanical ventilation.

This is secondary to severe COPD.

To continue present regimine.

Overall prognosis is extremely poor.


Ralph J. Ciccone III, M.D. FCCP

4/4/08 NSG
3m VS 98/6 82 - 12 + alert + resp
to stimulus colour fair
to resp distress position on O2
Good skin + perf. can
Diff R/oception / Analox
as ordered - to distress
Made comfortable. *Imaged*

5/6/08 NSG
6D VS 98 - 80 - 14. 100/100. 20ABZ Analox / R/oception
for R/L pneumonia in progress. No adverse reaction
noted. good skin care & perf can provided
will cont to monitor *per*

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

[illegible]

SILVERLAKE-KARRON-000168

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Marion

ROOM: 130A CHART # _____

DATE	TIME	Ref Care
5/4/08		<p>Noted ↑ FiO₂ 50-60 @ 8L on Vent. Tank O₂ sat 97% Cont to Sx's for large amt. of thick green/yell cream color secretion allergic. Comfortable no signs of SOB Cont to monitor</p>
5/4/08	0750	<p>VLS-100.4 70 12 100/60 Cooling measures provided for low grade temps - PO fluids encouraged & cleared CXR done - lungs periling. Appetite Hydration good 2pm temp 98.2. Incontinent care provided - monitor closely. — P. Karron</p>
5/5/08	11-7	<p>Nursing Note: CXR results received showing RLL pneumonia WBC is 14.8 Pt is alert & in no distress. Dr McCarthy & Dr Pa. via AM, will continue to monitor closely. Receives</p>
5/5/08	3P-7A	<p>Respiratory Care Note Pt remains on H-tank @ 8LPM O₂. O₂ sat 98% HR 54 ETCO₂ 42 mmHg RR 12 ↑ secretion. No respiratory distress noted. Pt appears stable. Will continue to monitor — @khtar</p>
5/5/08	11AM	<p>mg Assessment will be BUNO PA 50 @ CXR RLL pneumonia ordered Rocephin 1gm IV q8h Xanax 0.5mg IV q4h 100% O₂ Xanax. Saline noted. Will start H₂O — Dr. B. B.</p>
7PM		<p>First dose of Amloxy & Rocephin yd RLL pneumonia H₂O 100% O₂ noted distress noted will monitor — Dr. B. B.</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Marion

ROOM: 130 A CHART # _____

DATE	TIME	Monthly Nurses Notes
5/1/08		Resident is to continue care in an SNF setting, family, significant other interest in discharge. Resident cognitive skills for daily decision making is moderately impaired, cues supervision required. Both short and long term memories are impaired. Vision is impaired. Uses eyeglasses, magnifying glasses. Has the ability to make self understood sometimes and sometimes understood. Hearing is adequate. Totally dependent in bathing with the assist of two persons. Totally dependent with the assist of two persons in Grooming, dressing. Totally dependent in oral care. Totally dependent in pericare. In transfer requires two or more people due to weight bent dependability. Resident is chairfast and wheeled in wheelchair. Totally dependent in bed mobility both supine to sit and side to side. Incontinent of bowel and bladder. Has low participation in recreational activities due to immobility. Resident is spanked by staff. Uses two and half siderails for self position assist, will observe — Michael Tash. yr
5/2/08		NSG VLS - 100.7 76 12 110/70 Tylenol & Cooling measures provided for Temp. Appetite Hydration good - apptemp 101.4 Tylenol & cooling measures repeated monitored closely. — P. Munro
5/4/08	8Am	Risk Care Noted on rounds O ₂ sat ↓ 87. B5 detected hummer & Sx'd for large area of thick cream/yell secretion after Sx'd O ₂ sat returned @ 88 flushed as T & S Sx'd via O ₂ Tank analyzed 55-60% O ₂ O ₂ sat 97 Temp 100.4 Called Nursing sup nurse will call MD for order sent to provider for any further change in status Eff
5/4/08		NSG Order noted for CXR R/O pneumonia CBC BMP ordered 2° resident dehydration this Am — P. Munro

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, M.

ROOM: 130A

CHART # _____

DATE

TIME

Pulmonary Medicine

Name: Karron, M

Date: 4/28/08

Case discussed with staff on rounds.

Ventilatory parameters were reviewed. Vital signs were reviewed.

PIP acceptable

Neurological status the patient is awake and alert

Hemodynamically stable.

There is no evidence of acute infection.

Patient is not weanable from mechanical ventilation.

This is secondary to severe COPD.

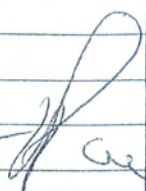
To continue present regimine.

Overall prognosis is poor.


Ralph J. Ciccone III, M.D. FCCP

4/29/08 NSL

7-3

Dr. McLaury for skin tear
noticed to @ wrist. NSL
followed by bacitracin sig - 

4/30/08

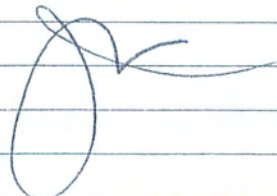
SW

Medical

noticed by staff that pt has skin tear
to wrist

1/8 small skin tear @ wrist

P. saline wash to bacitracin



Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

[illegible]

SILVERLAKE-KARRON-000172

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Marion ROOM: 130A CHART #

DATE	11/21/08	NSQ Monthly assessment note. Resident remains vent dependant. Alert and oriented x1. Short long memory impaired. Cognitive skills for daily decision making severely impaired. Understand self and others at times. Recall good at times. Vision impaired. Wears eye glasses. Hearing adequate. Total dependent of all areas of MDT. Two assist for bath one + dressing grooming oral care. Required two assist for transfer unable to assist. 20 vent dependant. OOB daily w/c. as tolerated. incontinent of B/B. frequent deep breaths. Skin care, pericare provided. 2(±) side rails up when in bed for positioning purpose. Lab monitor in bed w/c at all times due to 20 bed climbing. Resident alert & agitated at times. Labs Arterial 140/90 P/A given effect. Spoon fed by staff. Able to drink at times. Respiration well at rest. 6/8 Stable. Weight in monitor of Willy Current at 137 lbs. Will observe - Arthur
DATE	4/23/08	Pulm Med - Pt eval'd the chr vent unit staff Vent parameters, pressures, O ₂ sat's - reviewed Trach care Pulm toilet mobilization nutritional support not weanable - multiple factors preclude weaning Dana MT
DATE	4/23/08	During 120 Sent by Dr Shoss Pulmonary rounds 08 in order
DATE	4/23/08	NSQ 73 - V5 - 986 - 80 - 12 3'0" dau 5'4" Augmentation - UTI - Asymptomatic @ present - will observe & note PRN if any SS occur

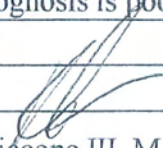
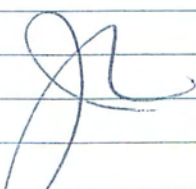
**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE TIME	
4/10/08 AM	NSG US 981-78-12. AHT improves for UTI - & adverse reaction worsening OS. foul odor - good skin & per care - P.O. feeds 7 & distress or clo offered BMC/anal
4/10/08	Nursing Skin check under trach holder rendered. Skin remain intact NOM
4/11/08	Med. NSG Pl seen @ bedside. Pl ready fully USS - deSt Pl @ sk L to h (Pl hand) At Sk Ten t @ h/w lp will use Bedch call back ASD 9:54 - will monitor P / N
4/11/08 12N	NSG Student seen by Bound Pt. 2 pm Platting (Bound). Will not pull away fell from 95 Vitals use monitor 10:30 reg
4/11/08 6M	reg Last order of Cymenon given for at 7 USS Hiding & foul odor 8:30

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron M ROOM: _____ CHART # _____

DATE TIME	
	Pulmonary Medicine
	Name: Karron M Date: 4/15/08
	Case discussed with staff on rounds. Ventilatory parameters were reviewed. Vital signs were reviewed. PIP acceptable Neurological status the patient is awake and alert Hemodynamically stable. There is no evidence of acute infection. Patient is not weanable from mechanical ventilation. This is secondary to severe COPD. To continue present regimine. Overall prognosis is poor.
	 Ralph J. Ciccone III, M.D. FCCP
4/15/08 3-11	Respiratory care : new order PMV & family only JPhurke RT
4/16/08 10w	medico PT found to have Uter @ B. coli ⑤ to hypoxia MP. NIT - on hypoxia 

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

[illegible]

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME:

Karren, M

ROOM:

130A_C

CHART #

DATE	
TIME	
4/14/08	Temp. bare non.
6 ³⁰ PM	Patient uncooperative white was 5'x10 keeps grabbing therapist's hand keeps saying don't touch me; did not let us get back care, RD is notified. S. photo
4/15/08	NSG
9 AM	LHA CTS results received; W E-Coli > 10 ⁶ /mL Spoke to PA Bruno → TD. PA Bruno for ABT = Augmentin 875mg BID x 7 days. → R
4/15/08	7:30 AM
NA	Augmentin 875mg given @ 11 AM. WARD so far will monitor ———— J. P. [signature]
4/15/08	NSG
	VIS-98.4 82 12 100/60 1st dose of Augmentin for UTI given. Voiding + slight foul odor. Good skin pericare practiced. Monitor closely. ———— J. P. [signature]

NAME: Acosta-Cutres Kansen ^{marion} ROOM: 130A CHART #

DATE	12/20	1899. Crane for U.S. of S. Specimen obtained for
TIME		by Catheterization. Total color Crane note _____ 17th Nov
	04/11/	

$P_{\text{sa-e bed}}$ $P_{\text{J cap}}$

PE - good sh. colly
- ① good target

CSL slip 9.9/36

M - Brown's Npt CB1
shot Cor. M Blind

4/1/08 11 AM. Resident eval by brand PA removed
Labs. H/H 9.9/36. Covid CBC empire week
Stool guac x1 USS ——— (Bryn)

4/14/8	Model MDE

Wesen Döhl - PK restgefühls
VSS - Leber, Leberung

PE - 10/10/10

AP - Admin
AP - AP/CBL
AP - Prop Film CBL

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME:

Karon M.

ROOM:

CHART #

DATE	
TIME	
Pulmonary Medicine	
Name: Karron, M	Date: 4/7/08
Case discussed with staff on rounds.	
Ventilatory parameters were reviewed. Vital signs were reviewed.	
PIP acceptable	
Neurological status the patient is awake and alert	
Hemodynamically stable.	
There is no evidence of acute infection.	
Patient is not weanable from mechanical ventilation.	
This is secondary to severe COPD.	
To continue present regime.	
Overall prognosis is poor.	
Ralph J. Ciccone III, M.D. FCCP	
Nursing (3-11) Monthly Nurses Notes:	
Resident condition is that family, significant other interest in discharge her Cognitive skills for daily decision making is moderately impaired, decisions push cues, supervision required. Both short and long term memories are impaired Vision is impaired with the use of eyeglasses, magnifying glasses. She is sometimes understood and sometimes understood. Hearing is adequate. In Bathing resident is totally dependent with the assist of two persons, also in Grooming and dressing Totally dependent in oral care and pericare. Resident is chairfast and wheeled in wheel chair. In Bed mobility resident is totally dependent both supine to sit and side and side. Incontinent of Bowel and Continent of bladder secondary to Foley catheter #18 Fr. Has low participation in recreational activities due to immobility. Resident is spoon fed by staff. Uses two and half side rails in bed for self position assist, will continue to observe - H/Ted n 6	

NAME K. K. K. ROOM # 1304 CHART #

Карац

1308

CHART # _____

DATE
TIME

4/5/08 - Resident alert responsive to all stimuli - OAB → u/c - Family visited. Appetite, hydration better. Monitored closely.
 1 2 3 4 5 6 7 8 9 10 11 12

4	5	08
7	-3	

Respiratory Care Note: Took Resident off 6 LPM O₂ tank for an hour - checked Sat. Sat was 98% HR was 63! Therapist is keeping Resident off the oxygen. M. Stranelli RMT

9/6/08
6:30

v/s. 98-3 On 4/8/12 4:37 PM BP 130/80
 Resident de saturated 82 Sat at 64%, 100%
 O₂ given ↑ 97%, Camed by Knapps +
 pulse w/15 freely cardio. 46/min BP 96/
 Will continue monitor Resident +
 Alert and responsive to q/g 87ml.
 Shucki R

4/8	
11 AM	

resident will be Bruno H. - returned late
WBC 15.5. Admitted. CBC on 4/10/08.
Vadukuturi Vm gnd x 5 day. Completed. Cost C
Vadukuturi Vm gnd u ill member
155. Dandenella Bazzz

**INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER**

NAME

Karron

ROOM #

CHART #

DATE TIME	4/2/08 - Nsg - Seen on pulmonary rounds by Dr. Suedo order of 1 pre opisone 4mg OD x 5 days, then return to 10 mg daily - P. Hannon.
4/2/08	Nsg - spoke to Resident's son about residential care & current tx - P. Hannon
4/4/08 4 pm	M nursing Was called to see Resident, not as alert as usually. T-99.7-76-12 B/P 90/60 - O2 sat 98% X-ray no respiratory changes. U/D & CIS pending. Spoke to Dr. McCarthy. Ordered CBC BMP in AM. to start IVF. 45 NS 100cc q 8h. If still lethargic in 8h. Send to Respiratory Hold Metoprolol and Lasix tonight. Son notify. Elong
4/4/08 8 pm	Resident alert and responsive to stimuli IVF 1/2 NS started as ordered. IV line intact and patent. IV site No infiltration. No apparent distress noted. will continue to monitor - V. Omen
4/5/08 6:30 AM	Respiratory Care Note Resident started desaturating at 3 AM. O2 sat dropped to 54%, HR 52. Pt was suctioned, given Albuterol TX 2 & placed on H-tank @ 6 LPM O2. O2 sat up to 97-98%, HR 68 EtCO2 28 mmHg, RR 12. Pt stable. Still remains on H-tank. Will continue to monitor for any changes - W. Kitcher
4/5/08 11:17	NSG IV infiltrated, removed. D. Lethargic noted. Resident now awake bed. Resident had episode of desaturation as above noted. V/S stable. Will cont. to observe - M. White
4/5/08	nursing Resident awake alert and responsive to all stimuli. Not lethargic. She is in her usual mood. To obtain from Dr. McCarthy to D/C IVF. Will continue to monitor - J. Hannon

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME Karron Marion ROOM # 130 A CHART #

DATE TIME	
3/1/08	(cont'd) - Monthly reg. note ✓ is impaired. Vision impaired - wears eye glasses. Speech is sometimes understood & sometimes understood - Anticipated the needs. Supporting care given. Hearing is adequate. Total dependence with 2 person needed to attend ADL's. Dressing, Grooming & also extensive assistance in Bathing. Also total dependence in oral care & Pericare - resident Ventilation dependent - OOB → W/C & is wheeled - Incontinent of Bowel & Bladder - Diaper changed & per care provided, attended, skin care given, kept clean & dry. Positioning done Q2H. Resident has low participation in recreational activities - as she is immobile Nourishment & hydration needs attended - spoon fed by staff. All medication taken orally On Paxat 101 - 30" x tid - On Tab. Lorazepam 1 mg PRN as needed for Anxiety & agitation On Metoprolol 50 mg daily for HTN. VS. obtained & monitored - will continue care & observation to promote the well being of the resident - g
4/1/08	N 28 V/S - 99.6 80/12 100/60 Afebrile OOB → W/C monitored closely - C. meningitis
4/2/08	Pulm Med - pt eval in the pulm staff vent parameters, pressures, O ₂ & ts reviewed Trach care, pulm toilet, mobilization, nutritional support - for hunch / T sec s. p - T steroids p - not weanable poor prognosis Jasso MD

NAME: Koslov ROOM: 1509 CHART #

DATE	TIME	PH	Notes
3/31/08	11:00	7.4	Keep fare non Patient found agitated, O ₂ sat ↓ to 84% per 109/min, placed on 55% FIO ₂ (8 LPM) via "H" tank, and ↑ to 93-94%. Sx'd for mod am. of yellow thick secretion, Rx is notified, I seen by MD in AM, CXR ordered CBC, BMP u/A c/s, blood cultures will closely monitor. — A. Patel

7/1/08 NSH.
6A. 45100⁷-84-12. 98¹. 100/62. Tylenol & Cold
sponge bath. Rpt 7 a 4A: 98¹. UA CBS specimen
obtained. Will admit to mother. *gpc*

4/1/08 Respiratory care note: PT was placed on CPAP at 10:50 AM. Sat. is 88-89%, Hcp-102-103 bpm. PT is agitated. PT was placed on O₂ rails, was sed'd for moderate amount of throat yellow secretion. TX was given 2 2nd. Hcp 102-103 bpm. Sat. is 97%. Nurse in charge is notified about this episode. A lot, N.

4/1/08	Monthly reg. notes - (7-3)
(7-3)	<p>Resident continue care in SNF</p> <p>Setting: Cognitive skills in daily decision making is moderately impaired. Supportive care & reassurance given as needed</p> <p>Short term & long term memory recall</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: KARRON M ROOM: 130A CHART # _____

DATE	
TIME	
3/3/08	Med N86
	Pl seen @ bedside with RN. @ Gm small vial Antigen
	Pl had episode of ↓ BP & tachycardia with ↑ Pao ₂ .
	VSS clear lung Tm ₂ 101.9 on L1 48h
	Pl ↓ BS Phil
	Pl ↓ Sully
	Ht-Rt
	As in soft
	At 7 Sep Rb VTE
	Pl ↓ P-w/ltm
	↓ Workshop
	Ⓚ
3/3/08 1pm	70g
	Resident had episode of O ₂ desat. 80%.
	Chiam. BP 96/50. Placed on O ₂ via H Sauer @
	10pm. O ₂ sat 79.5%. Pulmonary nodules, thick yellow
	secretions. Loz 7/41m. O ₂ sat 93-94%. Distal
	noted Resident very anxious & restless.
	Chiam given as ordered good results BP 100/70.
	Evaluated by Dr. Dunn. Ordered CxR, UAP.
	Pl had 42 Cbc 15pm. Resident voiding 1/2 cup
	urine. App exam / physical exam. SpO ₂ 98% on
	50ml O ₂ 98% 78-78 100/70 with monitor
	Dwyer

**INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER**

NAME

Karron

ROOM #

CHART #

DATE

TIME

Speech

3/28/08

Resident's cuff appears to be broken. Resident will have truck D. Will defer full eval until truck D. CRUDDEN

3/28/08

Relief

1300H

3:14P

Rm 1 to 145 for more appropriate environment. Family notified by social services. Rel transferred to 14 vent unit & all of her belongings & resp duties noted. Will obs.

3/28/08

Social Live

Mink was transferred from 24pt to 130A, as she was in a pt room, but does not require isolation. Family notified. All belongings moved. Mink seems comfortable in her new room.

nursing

3/28/08

10pm

Received pt from 2B Vent Unit, resident alert and responsive to all stimuli. OOB to w/c chair. Vent dependent. appetite & hydration good. Able to feed self & assistance & supervision. Inct: of Bx B. good skin/pericard provided 9/15. 97.8 - 80 - 12. B/P. 130/80. Respiratory care provided. will observe closely - J. McDicken.

3/28/08

Resp Care note.

Resident's neck changed to broken balloon to the point of & struts. Res, infected. No difficulties or bleeding noted. (BS in) 1st & 2nd Sx 0. 95% Sat. closely monitoring. Resident is agitated, anxious. Can not eat.

3/28/08

Resp Care note.

Resident had episode of ↓ O₂ Sat to 80%. Tach 120/min, placed on 2L via H tank @ 10PM. Sat ↑ to 95%, tach ↓ 110/min, Sx'd for mild act. of yellow thick sputum, ↓ O₂ at 4 PM, Sat. 93-94%. No distress at this time, will closely monitor.

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME

Karron, M.

ROOM #

CHART #

DATE

TIME

3/20/08

Pulmonary - above reviewed. Pt eval \bar{c} the pulm staff vent parameters, pressures, O₂ sat's - reviewed - significant change

nutritional support mobilization, pulm toilet, trach care.

Not weanable
Poor prognosis

Jessie MD

3/24/08

10pm

Anal 1017.80.12.0ua + 95.5bP14/86. Tylenol & cooling & comfort measure applied for 4 temp. Res. App. end. thir. Good skin & pericare provided, TPR 2. All care rendered. Wt. 100. Tylenol 4.0mg. Oral. repeated. Comfort med. cont. to rep. & dvt. noted. Will re-eval.

Jessie MD

3/25/08 NSG

skin assessed under trach holdet & skin seems intact. J. D. Alsew

Pulm med - Pt eval \bar{c} the pulm staff.

- Trach care
- pulm toilet
- mobilization
- nutritional support
- continue

To have speech therapy assess re speaking valve

Jessie MD

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Mario ROOM: 246 CHART # _____

DATE TIME							
3/12/08	<p>Local Svc: Musk was transferred from 237A to 232B. Family aware. All belongings moved. Musk seems comfortable in her new room. Skunkin AA</p>						
3/14/08	<p>Local Svc: Musk was moved from 232B to 246A. Family notified. All belongings moved. Musk seems comfortable in her new room. Musk is now wearing mittens as she is pulling on tubing. Family aware. A/N to the as needed. Skunkin AA</p>						
3/14/08 10p	<p>Chf. J. Wt: 99.2 - 58 lb. Oat 98.2. BP 112/62. Res. adjusting well to rm. A. Applied fair. Good skin & pericare provided. TP & so. constantly disconnecting tubing. Emotional support provided by chf. J. Will Jene</p>						
3/16/08	<p>No sign</p>						
3/19/08	<p>PRI LEVELS</p> <table border="1"> <tr> <td>EATING</td> <td>3/4</td> </tr> <tr> <td>TRANSFER</td> <td>4</td> </tr> <tr> <td>TOILETING</td> <td>4</td> </tr> </table>	EATING	3/4	TRANSFER	4	TOILETING	4
EATING	3/4						
TRANSFER	4						
TOILETING	4						
3/20/08 Spm	<p>Chf. J. Wt: 98.4 - 78 lb. BP 130/74. Res. seen by pulm. M.D. Word. PT re-eval for res. Meds & feeds. All care rendered. Resp. distress noted with chf.</p>						

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME:

Morin Karron

ROOM:

_CHART #

DATE	
TIME	
Pulmonary Medicine	Date 3/10/08
Name: Karron, M	
Case discussed with staff on rounds..	
Ventilatory parameters were reviewed. Vital signs were reviewed.	
PIP acceptable	
Neurological status the patient is awake and alert.	
Hemodynamically stable.	
There is currently no evidence of acute infection.	
Patient is not weanable from mechanical ventilation. Very poor spontaneous effort.	
This is secondary to severe COPD. She has	
To continue present regime.	
Overall prognosis is poor.	
Ralph J. Ciccone III, M.D. FCCP	
3/11/08 Monthly Nurses Notes	
3-11 Resident, family, significant other interest in discharge, continue care in an SNF setting possibly, hence cognitive skills for daily decision making is moderately impaired decisions poor, cues, supervision required both short and long term memories are impaired. Vision is impaired, needs Use eyeglasses magnifying glasses. In speech has the ability to understand sometimes, sometimes understood. Hearing is adequate. ADL's total dependence in Bathing, Grooming, dressing and pericare with the assist of two persons. Total dependence in oral care - Requires two or more people in transfer due to weight and wnt dependability. Resident is chair fast and wheeled in wheelchair. In bed mobility resident is totally dependent both supine to sit and side to side. Incontinent of bladder and bowel. In Recreational activities has low participation due to immobility, spoon fed by staff will observe. <i>Straighten up</i>	
3-11-08 Nsg top 11 obtained a T.O From Dr. Klehn for hand mittens PRN release every 2 hours for 15 minutes for personal hygiene and Range of motion because of safety and resident is pulling out tubes. <i>Michael Tadino MD</i>	

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: 130 CHART # _____

DATE	USS
TIME	V/S 98 ³ -82-12 98 ¹⁰ /60 ABT 2 Avelox / Rocephin in
5/10/08	progress for RIL preparation - no adverse reaction
6D	noted - H/L intact - good skin care & per
	Care provided. Will monitor - <u>gmg</u>
5/11/08	USS 98 ¹ 80 12 98 ¹ 120/60 ABT Continued
6D	= Avelox / Rocephin IVPB in progress - H/L infiltrated
	H/L distended @ Leg. No adverse reaction. No distress
	noted this time. Will continue to monitor - <u>H/Hank</u>
5/11/08	Nursing
3-11	U/S 99.4 78 18 Resident on avelox and Rocephin IVPB for RIL
	infiltrate all due Meds given and tolerated well. Family at bedside
	Resident made comfort able in bed, will observe - <u>Med/n. Lyn</u>
5/12/08	USS
6D	U/S 99 ¹ -78-16. 97 ¹ 120/70 2 IVPB 2 Avelox / Rocephin
	IVPB for RIL infiltrate. no adverse reaction
	noted. H/L @ leg infiltrated reassessed on @
	hand. Will cont to monitor - <u>gmg</u>

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

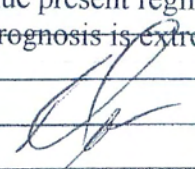
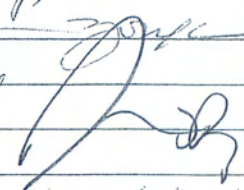
NAME: _____ ROOM: _____ CHART # _____

[illegible]

SILVERLAKE-KARRON-000191

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, M ROOM: 130A CHART # _____

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 5/12/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is lethargic
		Hemodynamically stable.
		There is a pneumonic process.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regime.
		Overall prognosis is extremely poor.
		
		Ralph J. Ciccone III, M.D. FCCP
5/13/08	6A	NSG VS 98/80-12. 97° 100/20. 200B T Avelex 1. Receipt Unit for RLL infiltrate. No adverse reaction noted B foot H/L intact. good skin care & pleur care provided. Will cont to monitor
5/13/08		Dental Prophyl, Scale as tolerated 
05/14		NSG VS → 98/78 12 mat 97° 110/60. MST / Avelex Bm / Rocephin 1VP.B for RLL Infiltrate Last day Rocephin Given @ 6am. No adverse reaction noted. will obs - A. Thomas
5/14/08		NSG VS-100 80 12 110/60 continuing measures provided for low grade tremors. po fluids given & tolerate well. last dose of Avelex given @ 10am. Appetite Hydration good. 2pm Temp 99.6, monitor closely. P. Thomas

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE	5/10/08
TIME	1 PM
	Notes large rash to resident's back. Red in S/P ABT & Rocophin / Amlex. The cream is 1% hydrocortisone cream applied to a diaper L. Will keep UP to observe for tx in the AM.
5/16/08 10:00	Medical
	PT rash to back + neck Denies itching
	o/e maculo papular rash to back - no vesicles - no excoriation
	o/e rash - likely 2nd heat - hydrocortisone cream BID to 2 wk
5/16/08	NSG
	Seen by DR. McCarthy for rashes on the back. Ordered Hydrocortisone 2.5% apply Q12H to affected area x 2 wks. Will start and observe the effectiveness of TX.
5/16/08 3 PM	NSG V/S 98°/180/143/P 100% 2110 S/P ABT & delayed adverse reaction
5/17/08	Nursing Skin under back holder checked and intact.

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: Kayran Mannan ROOM: 130A CHART # _____

DATE	TIME	Notes
5/18/08	NM	V/S - 100.1 78 12 100/60
		Cooling measures provided for Temp
		PO fluids encouraged. 2pm Temp 98.8,
		monitored closely. P. n. n. n.
5-18-08		Nursing resident is monitored for high temperature V/S at 4pm
		99.7 74 18. Visited by Family members, Meds given, Cream
		applied to back for rash, will observe — Michael Tashiro —

SILVERLAKE-KARRON-000194

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

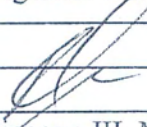
[illegible]

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES


NAME: Karron, M

ROOM: 130A CHART # _____

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 5/19/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is awake and alert
		Hemodynamically stable.
		There is no evidence of acute infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regime.
		Overall prognosis is extremely poor.
		
		Ralph J. Ciccone III, M.D. FCCP
05/21/08		Monthly assessment note. Resident remains vent dependent alert and oriented. Periods of confusion. Short / Long memory impaired. Cognitive skills for decision making impaired. Vision impaired wears eye glasses. Hearing adequate. Anxious at times, tried to climb OOB. Teb monitor in place at all times. Teb ATivan 1mg PO q 6 PRN for anxiety given effect. Sleeps well at night. Total dependent all areas of ADLs & two assist bath. one & dressing grooming oral care and pericare. Two persons assist with transfers OOB w/c dolly as tolerated. incontinent of B/B frequent diaper changes, skin care, pericare provided. 2x Side rails up when in bed for transfers, propping up. Regular diet 3 meals a day & tray set up and assist. Resident was on PBT & Percupin / Percupin X1000mg 1VPB for pneumonia and completed. V/S stable and maintained g/s. weight was monitored monthly current wt is 140 lbs. Will continue to monitor.

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE TIME	5/22/08 Nursing 10 ^{AM} were Dr. Amber, & foul smelling BrmCarthy or notified urine UA/C/S ordered. diagnosed 5/22/08 5g 3m US 986-80-12- u/A & C/S pending voiding OS 5 foul odor - go go skin at pen care given position oris - p. b fluids will observe BrmCarthy
5/23/08 0920	Medial Notified by staff that pt has foul smelling urine. p/o Abh. Unobscured p/b unclayed Mp ? <u>UTI</u> - v m, urine C/S 
5/23/08	Nursing 2/5 102-84-12. Tylenol given, cooling measures applied. appetite & hydration good voiding as 5 any di foul odor. 800 & stain pen care provided. 8pm Temp 100.4. Cooling measures continued. complete pen care done. will observe closely - The dinner
5/24/08	Nursing Resident continued to have low grade fever. UA result Negative C/S pending. T/p obtained from Dr. McCarthy for C/S, BMP, CXR - Will monitor for C/S J. H. H. H.

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: KARLON, M ROOM: 130A CHART #

[illegible]

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: KARRON ROOM: 130A CHART #

[illegible]

SILVERLAKE-KARRON-000199

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: Karron, H

ROOM: 5-25-08 CHART # 1307

DATE
TIME

Pulmonary Medicine

Name: Karron, M

Date: 5/25/08

Case discussed with staff on rounds.

Ventilatory parameters were reviewed. Vital signs were reviewed.

PIP acceptable

Neurological status the patient is awake and alert

Hemodynamically stable.

There is no evidence of acute infection.

Patient is not weanable from mechanical ventilation.

This is secondary to severe COPD.

To continue present regimine.

Overall prognosis is extremely poor.

Ralph J. Ciccone III, M.D. FCCP

5-25-08 Resident seen and evaluated on pulmonary rounds. No changes, No new orders. Michael Tadros (PRN)

5/26/08 Resp. Care Note: New order for 1 L/min - 45-55 x. 5 L/min on ambulator provides 1 L/min 45-55 x (SLM/02). Patient is stable post procedure which required 1 L/min, upland has good response. Patient now sat at 95-97 x. or 45-55. We will wait to closely monitor for 2-3 hrs. M/SJ m.

5/28/08 247
60- 45-92-78-14. 100/60 200/20 200/20 200/20 /
Roxiprin 1 gm TID for CLL infiltration in progress
no adverse reaction noted. Hddid

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

DATE	TIME	Non-professional care hazardous due to circulatory impairment.
5/28/08		Findings: non-palpable PT pulse feet red on dependency absent pedal hair thick, elongated toenails
		Impression: onychiauxis, PVD
		Treatment: trimmed toenails
		Recommend: prophylactic foot care 2-3 mos. for PVD
5/28/08		skin noted on L leg. of bleeding will request for tx - J. S. Co. Co. Co.
5/29/08		T/O obtained from Dr. McCarthy to apply Bleedman ointment 7 NS wash BID x 10 days. no active bleeding will monitor skin & very pale & throbbing. J. S. Co. Co. Co.
5/30/08		Medial N/A Pt seen @ bedside. Pt L skin to C. Co. Co. USS - 2.5 PE (L) skin, feet, C. Co. M. Main / Skin Tan C. Co. p. - 2.5 on Tx with B. Co. Co.

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Marion

ROOM: 130A CHART # _____

DATE	TIME	NOTES
6/1/88	12N	<p>Monthly assessment note - Resident is & can't remember to name confused to time & place. Cognitive skills for daily decision making moderately impaired. Decisions poor. Long/short term memory impaired. Vision impaired wears glasses. Ability to make good understanding sometimes understood & when spoken to. About month words & write. Hearing adequate. OOB - W/C. Requires assist to transfer. Requires total care & DHS - bathroom requires assist & dressing, pericare, oral care & nailcare assist. PA - Except with B/B. Good sharp vision. Caring (P/R). Turn & position of the body. Resident started at home. After 1/2 yr. 36 P/R - good results. Hospital O.M. this for psychosis. Later Paroxetine 30mg for depression. Emotional support given family visits frequently. Resident on regular diet & fluid intake. Requires bag out up & depression with mood. 10/20/88 fed by staff. Wears Opalium full. Malware good. Skin intact. Resident independent. Telephone calls done weekly. Change notes 2 hrs. when in bed for Parkinson's assist. Resident on Zeprosor 600mg qd for HTN. BIP & P/R. UT - Provera 5mg qd for BIP. Vitamin B-1 100mg 10:30 PM. Proct. Calcium 200mg & Citracal Pectles + Vit D BID for osteoporosis. Proct 250mg PM for pain. 600mg daily. Multivitamin & Proct 10:30 PM. Nutritional supplement. 200mg weekly. Bedrock daily. Current apt 14 lbs. Sm. Thin. CN. Neg. Sclerotic applied daily. 488. Will eat 10 minutes. 8/3/88</p>

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: Karton

ROOM: 130-A CHART #

DATE _____

TIME

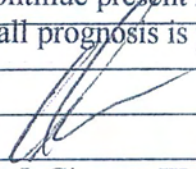
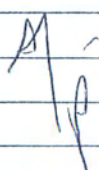
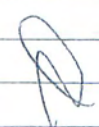
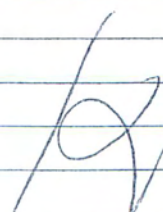
6	2	00
---	---	----

450 p.m.

POSP Care note: Routine frach change done as per the policy of SLSCC with the same size #8 ghermy PCT frach with out any difficulty - B's balance channels noted - O2 sat 98% no resp distress noted will continue to monitor — on 3 day AC?

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: Karron ROOM: _____ CHART # _____

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 6/2/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is awake and alert
		Hemodynamically stable.
		There is no evidence of acute infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regimine.
		Overall prognosis is poor.
		
		Ralph J. Ciccone III, M.D. FCCP
6/6/08		M. J. W. Dr.
		Ph. sm. & Sed. Pt. slh
		VSS - dm
		PE - Rdy
		$\begin{array}{r} 13.4 \quad 4.7 \quad 1.2/3 \\ \hline 70.5 \end{array}$
		 - Anam - slh  

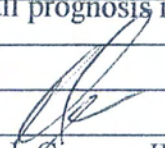
Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

[illegible]

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: _____ CHART # _____

DATE	TIME	Notes
		Pulmonary Medicine
		Name: Karron, M Date: 6/9/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is confused
		Hemodynamically stable.
		There is no evidence of acute infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regime.
		Overall prognosis is extremely poor.
		
		Ralph J. Ciccone III, M.D. FCCP
6/10/08	3-11	<p>Monthly nursing note:</p> <p>Resident is alert & oriented to periods of confusion. Cognitive skills for daily decision making moderately impaired. Memory recall impaired. Vision impaired, wears eyeglasses. Sometimes understand her speech & mouth words. Sometimes understand others. Hearing is adequate. Total dependence for bathing. Total dependence for grooming / dressing. Total dependence on food. Total dependence for pericare. Handles two or more objects as tolerated. Incontinent of bowel & bladder. Diaper size 9.5" & PRC. At times in GT 96 for agitation disconnected from vent and verbally abusive. Emotional support provided.</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: _____ CHART # _____

DATE TIME 6/11/08 10:45 Lat. 371	<p>✓ clearly orientation: PO diet regular appetite good. Current wt. 139 lbs. Blk is intact. Q distress. will continue to monitor Shed down -</p>
6/11/08 10:45	<p>nude Plt & Hb. anemia no urine cream 46 Uch. used Plt nude Aft. anemia will monitor CBC. - shot in blood @</p>
6/11/08 3:21	<p>DSG US 1004-84-12- sponged bath - P.O. fluids encouraged - appetite fair - pm care rendered voiding OS = foul odor position of ribs - Spade comfortable Spm T 100 - <u>monitored</u></p>
6/11/08 11:45	<p>NSG - 98.6 - 78 - 12 - 110/60 - 97% - ↑ appetite noted at 12:00. Abvian from effects. Slept all night and responsive. will cont to monitor P. 12:00</p>
6/11/08	<p>Nursing Stom under Trach - holder checked and intact Shed down</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Marran ROOM: 130A CHART # _____

DATE	TIME	Notes
6/14/05		Mummy Left lower leg skin tear re-opened. T10 obtained to DeLeon & N.S. apply Bacitracin oint Bid x 14 days - will monitor J. N. Hudson
6/15/05		Wsg V/S - 100/6 78/12 100/58. Tylenol cooling measured provided for Temp. po fluids encourage animal to eat well. 2pm Temp 98.8, monitor closely - P. Marran
6/16/05		ogw Mad wife Pl seen @ 5:00. Pl with central skin tear - Left lower leg V/S - 100/6 Pls (Pls) for well - (L) lower leg Ap - SKS Ten - all with Bacteria and 1 skin tear will continue to monitor

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

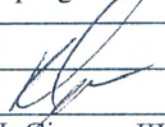
NAME: _____ ROOM: _____ CHART # _____

[illegible]

SILVERLAKE-KARRON-000209

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Marion ROOM: 130A CHART # _____

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 6/16/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is awake and alert
		Hemodynamically stable.
		There is no evidence of acute infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regime.
		Overall prognosis is poor.
		
		Ralph J. Ciccone III, M.D. FCCP
6/17/08	3N	DS9 US 1006 - 78-12 - Tylenol & sparged gastrointestinal fluids Complete PM care rendered good skin & per care - feeding & 5 foul odor - 8m T98 & dishes made comfortable BMDonald
6/21/08	W	marthy nurses notes Re remains vent dependent, alert & oriented to name. Cognitive skill for daily decision making is moderately impaired. good / short term memory good. Vision impaired. Wears eye- glasses. make self understood and understood others. Sometimes. Hearing adequate Requires total dependent 2 ADL 3 2 2 assist

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

DATE	TIME	NOTES
6/21/08	147	<p>IV44 cont → Two or more people 2 transfer OOB 2 h/c as talented. Intentional 2 B & R good skin care & pen care provided. Res on Reg. diet current wt: 138 lbs @ 6/14/08. Res on liver & par 1mg. 30 PRN for anxiety. Respirator 0.5mg po @ H-S for agitation. & behavior problems @ times & Resp. distress & present. & medical problem in past days. Will continue to monitor. Zguy</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Marron ROOM: _____ CHART # _____

DATE
TIME

Pulmonary Medicine

Name: Karron, M

Date: 6/23/08

Case discussed with staff on rounds.

Ventilatory parameters were reviewed. Vital signs were reviewed.

PIP acceptable

Neurological status the patient is confused

Hemodynamically stable.

There is no evidence of acute infection.

Patient is not weanable from mechanical ventilation.

This is secondary to severe COPD.

To continue present regimine.

Overall prognosis is extremely poor.


Ralph J. Ciccone III, M.D. FCCP

6/26/08 Resp. Care note.
7-3 Resident broke her trach, replaced to the same
#8 Shirley Air inserted to no difficulty but small
am. of bleeding noted so I, SS is BL, to
rap. discon noted, but pt has no anxiety noted,
PP and RN supv. is aware. D. whole

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

[illegible]

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, M. ROOM: 130A CHART # _____

DATE	
TIME	

Pulmonary Medicine

Name: Karron, M Date: 6/30/08

Case discussed with staff on rounds.
 Ventilatory parameters were reviewed. Vital signs were reviewed.
 PIP acceptable
 Neurological status the patient is awake and alert, she can be extremely agitated at times.
 Hemodynamically stable.
 There is no evidence of acute infection.
 Patient is not weanable from mechanical ventilation.
 This is secondary to severe COPD.
 To continue present regimine.
 Overall prognosis is poor.


 Ralph J. Ciccone III, M.D. FCCP

7/1/08 Assessment notes

Resident alert
 Oriented to name, responsive to all stimuli. Cognitive skills for daily decision making moderately impaired. Long term short term memory impaired. Uses eyeglasses. Hearing adequate. Resident sometimes understands. Sometimes unresponsive. Total dependence of her for bathing, pericare, grooming, dressing - Two or more people for transfer as resident is unable to assist vent dependent. OOB - wlc as tolerated. If assist - Incontinent of B/B - good skin, pericare frequent diaper changes and keep her clean as possible. W/P/B Once a wlc and oral bath daily. Resident is on Ativan 1mg q6H

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: Caron

ROOM:

_CHART #

DATE	
TIME	PRA for anxiety & good results - Skin intact Regular diet tolerated well. Nee's help in setup and Sometimes needs to be spoon fed by staff. Sometimes resident eat by herself. Prostat 101 multivitamin & minerals provided to maintain skin integrity. 2 1/2 side rails & bed for positioning and propping. On mebolpadol for B.p. B.p & pulse taken daily. On Heparin for DVT prophylaxis. On levothyroxine 175mcg for TSH monitored frequently. Vital signs monitored daily and WNL. Family visits daily. Continue to monitor closely and report any Δ's in resident's Caregivers.
7/2	10p V/S 100/80 12 Repeat Temp 99.5. No distress. Will Monitor. — J.M.C.O.A.
7/3/08	V/S- 98/3 80 14 100/60 Afebrile Degree of warmth b' touch. Alleviate on the footrest. M.D to eval — F. Mammone.
7/3/08	D.S. V/S 99/2-82-12 - Q leg remains warm to touch & redness to distal - will observe — J.M.C.O.A.

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Marion ROOM: 130A CHART # _____

DATE TIME	
7/4/18	Medication <p>At sea - only with RN. Phunk and y Coughly</p> <p>VSS - no skin</p> <p>for P/sk to h P/ly</p> <p>lbs w/BS2</p> <p>A. Phys sk Ten - Break out with ASD</p> <p>P \ @ / q</p>
7/4/18 11AM	Reg assessment by M. Baum PA. 20 min tran P/sk and P/sk P/sk and P/sk wash B/A ASD. VSS - no skin upper/lower - 20 min
7/18/18	NSG V/S → 98° 80 14 and 97° 116/60. AST E 1000 P/sk 56° P/sk 1000 P/sk 1000 P/sk 1000 Continue to monitor P/sk 1000 P/sk 1000

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

DATE	TIME	
7/7/08		Med WDO
		Seen @ bed. Plut see respdy test. 1 Q Plan by cell. 11/11/08
		VSS - 11/11/08 Plut at 95%
		Plut. (Q) Resp distn placed result - 1st - Q
		(Q) by Plut. (Q) cell. (Q) system
		Q (Q) LE cell. - 1st - Keflex 500, 10x6"
		Q (Q) Resp distn result only Respdy line - will enter to Monitor
7/7/08		NSG
		Seen by Bruno for Redness
		(R) LE warm to touch ordered
		Keflex 500mg po q6h x 14 days - will
		start and observe the effectiveness of
		TX. - P. mangan.

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

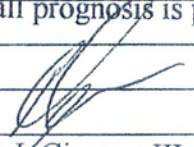
NAME: _____

Karron, M.

ROOM:

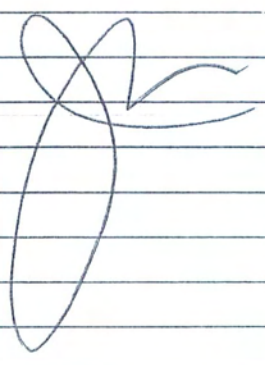
30A

_CHART #

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 7/7/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is arousable
		Hemodynamically stable.
		There is no evidence of acute infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regime.
		Overall prognosis is poor.
		
		Ralph J. Ciccone III, M.D. FCCP
7/7/08	10pm	msg. v/s 48/84 v/120/62. First dose of Kelex for cellulitis @ 12g. Given. No adverse reaction noted. Address to room 1017. Touch remains. Olanapain 100mg. Dmg 13
7/8	10p	Kelex cont. NAR. Rx for Skin tea. (L) Skin ordered. — Bacitracin oint. p n/s Wash BID x 7 days v/s 98/80 HR. Skin to 1017 —

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

DATE	TIME
glaser	needed
low	at still & anxiety issues
	doing well on athen
	% libel used
	Plomelyd
	MP <u>Amater</u>
	- cant aham
	

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: Karron, M ROOM: 130A CHART # _____

DATE TIME	RESPIRATORY THERAPY DEPARTMENT - LTV VENTILATOR CHECKLIST
7/10/08	Date: <u>7/10/08</u> Pt. Name: <u>KARRON, M</u> Room #: <u>130A</u> Vent #: <u>E20920</u> Alarms Functioning <input checked="" type="checkbox"/> Pressure Check <input checked="" type="checkbox"/> Rate Check <input checked="" type="checkbox"/> Filters in Place <input checked="" type="checkbox"/> Volume check <input checked="" type="checkbox"/> FIO ₂ Concent. Check <input checked="" type="checkbox"/> Patient Query Off <input checked="" type="checkbox"/> Low Pressure O ₂ Source On <input checked="" type="checkbox"/> SBT Off <input checked="" type="checkbox"/> Leak Compensation: ON <input checked="" type="checkbox"/> O ₂ Conserve OFF <input checked="" type="checkbox"/> Control Lock Hard Position <input checked="" type="checkbox"/> Patient Assist On Pulse <input checked="" type="checkbox"/> Alarms: High Pressure Limit: <u>55</u> cmH ₂ O Low Pressure Limit: <u>16</u> cmH ₂ O Low Minute Volume: <u>3.0</u> cmH ₂ O Extended Features - Alarms: Apnea Interval: Seconds <u>20</u> High F: High F OFF <input type="checkbox"/> -or- Bpm <u>35</u> Seconds <u>30</u> High PEEP: High PEEP OFF <input checked="" type="checkbox"/> -or- _____ cmH ₂ O Low PEEP: Lo PEEP OFF <input checked="" type="checkbox"/> -or- _____ cmH ₂ O High Pressure Delay: No Delay <input type="checkbox"/> 1 BRTH -or- 2 BRTH LLP Alarm: All Breaths -or- VC/PC Only <input checked="" type="checkbox"/> RT Signature: <u>E. Jf</u>
	Vent & 2 nd to upgrade to LTV 1200 Serum Vent <u>EJ</u>
	7/10/08 1059 311 monthly nursing assessment Res. dent remains vent dependent - alert & Resp to stimuli - cognitive skills for decision making impaired long term & short term memory impaired - Hearing adequate vision uses eye glasses. Requires complete care for ADL needs & assist for bathing, pericare dressing, Bed mobility - needs & assist for grooming, oral & Nail care - turned & position Oth - good skin & per care Bed Bath done daily

SILVERLAKE-KARRON-000220

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____

ROOM: _____

CHART # _____

DATE	10/9
TIME	<p>Wb done weekly - INcontinent of h+ b function - Unapered for accident. Heparn 5000 units S-C for DVT prophylaxis. Receives prenat 101 30°C 30°C H2O for to enhance nutritional status 4 mi. minerals daily on hevothyronine 75mcg 015m for 7.5H for Hypothyroidism. Receives 1000 or diet needs help to get up - Appete & Hydration fair to good - Resident sometimes needs to be fed & monitor closely - at times able to feed self. Post monitored weekly. Has on alwan 1mg 060 pm for anxiety Resperal 0.5mg at bedtime for & agitation on Benadryl 1mg P.O. daily for constipation. 1/2 Fleet enema if no BM x 3 days Resident needs I Mal signs monitored daily WNL - Resident on Reflex sponge P.O. 060 x 14 days & cellulitis on leg started 7/7/08 7/4/08 Bacitracin oint to leg 7/12 ordered - 7/8/08 Bacitracin ordered to start 7/8/08 shut x 7 days Resident at times anxious disoriented went taking humalog support given - same results - 0 dishes - made comfortable, independent</p>
7/12/10p	<p>VS 100° 82/12 repeat temp 99° Reflex in progress. NHR 240 OPR -</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Marian

ROOM: 130A CHART # _____

DATE	TIME	NOTES
7/14/08		missing Resident is lethargic Desaturated to 88% Attended by R-T and nursing. Notified @ Dr. McCarthy M. Bruno P.A. ID obtained for CXR CSE BMP, U/A C/S. & ABG. Will observe and monitor. Cont'd on Kelex for cellulitis of leg. N/A noted. Spoken to Spence Call received from one her sons (Dr. Karron) stating that he wants to speak to the MD regarding discharge plan to take her home and also the family feels that she is depressed and needs mood elevator. Resident is on Paxil for depression. Will notify Dr. McCarthy on next visit. Will Plug - Overhauled
7/14/08		Reef Care ABG obtained 2° to lethargy 15% ABG PH 7.33 / 82 / 40 / 43 / 70 Venous sample Repeat ABG PH 7.33 Pco2 87 Po2 82.1 Hco2 45 Sat 95. Suggest to T BR MD will be notified. <i>E.S.</i>
7/14/08		Reef Care T BR 16 on order & f/o ABG in AM <i>E.S.</i>
7/14/08	10PM	Spoke to Dr. McCarthy re of + CXR Right lower lobe pneumonia. T 100.5 T.O. received for Rocephin 1gm IVB daily x 10 days & Cefix 400mg NID x 10 days. Call placed to family & ref. of same. <i>Dr. Ruggier</i>
7/14/08	10:30 PM	Washed HR into O & leg. First dose of Morphine given for pain prescribed. Administered Nactams also Cue for 40 mg IV q 4h & Start off 99% 86. P.O. 100. Resident alert & responsive to all stimuli App good

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Kraren ROOM: 130A CHART #

DATE TIME	
	Will start to walk after ———— 8/3/08
07/15/11	NSG cgs → 985 60 12 Arterial 96/6 110/70 - 103T = Tylenol Continued for cellulitis @ leg. ABT = Rocephin / Amoxicillin 400mg IV prn qd x 10 days for RLL Pneumonia HIL @ hand. Seem to have improved all metabolic Tx Given. monitored closely ———— Athena Stable 9 amoxicillin @ 6am. no adverse reaction ———— were specimens obtained for U/A ———— 130
7/15/08	Chry. Care now. 7:30 Resident had ABG done as per MD order 2° to ↑ RR to 16 BAP, PH- 7.69, PO2- 29 PO2- 169.7, HCO3- 35.3, BE- 15, O sat 99.5 W/ apnoea. notified. toll- 967, ETCO2- 42 mmHg pt started on AB/ Rocephin and Amoxicillin 7/14/08 (+) RLL PNA ———— A. Khebor
7/15/08	Speci. Res is aspirating & should remain NPO etc at the present time (Khebor med)
7/15/08	Nursing IP Spoke to Dr McCarthy NPO 20 aspiration ordered NGT & Mease feeding 20. NPO Status Spoke to Son Hank Anderson (HCA) will speak to Dr McCarthy in AM Amoxicillin & Rocephin cont for RLL pneumonia ———— Linda Nisse
7/15/08	NSG while Feeding breakfast resistant note at 2 difficulties in swallowing Evaluated by S.T. Resistant 1 aspiration kept her N.P.O. New Tube #12 inserted CXR done. Anticipating for the placement of New Tube. ———— P. Mamm
7/15/08	NSG v/s- 100/60 98 74 14 IVAB Amoxicillin Rocephin for RLL pneumonia Cont'd. kept her N.P.O. monitor closely. P. Mamm

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: Karron merrion ROOM: 130A CHART #

DATE TIME	
	<p>7/15 - 2:30pm. Orelax received for pulmo care 250cc 60% via ^{N. EST} gravity. Flush 2 100cc H2O per each feeding. all meals via Nest & 100cc H2O - EST. consult Orelax for tube placement. (C. merrion)</p>
7/15 10p	<p>Cxk pending for NGT placement. D5045% NS-TL 12% until NGT placement is confirmed. APB 100% cont. adverse reactions noted. Resident is combative kicking & punching - close supervision. V/S 99/80/12 110/60 T/O foot V/F 102 35% 45% <u> </u> <u> </u> <u> </u></p>
7/15/08 3-11	<p>Resp care notes ↓ FIO2 35-45% <u> </u></p>
7/16/08 6am	<p>NSP. V/S 98°-32-12. 140/96. NGT intact. kept up. 1/4 D5 HNS 12% infusing well. 20AB 2 Avelox / Rocephin in progress for Rn pneumonia. Ht intact @ foot. grad st- can & per care provided. Will cont to monitor. <u> </u> <u> </u></p>
7/16/08 0910	<p><u>Medical</u> Pt was speaking funny & desaturated over the last 4p. Also was reluctant to breathe her po feeds. Had NAT placed & position changed. no Cxk & air-suck heard in sternal for which used chest. Care 15% NLI. nat like a plan. MS' salt. ① redun + cramb. ② upper inner arm. AP: ① RLL - ant melo + Kcyle - sic Kcyle ② @ @ @ - family informed ③ ? @ @ @ - on arm will 9 Power to 4mm Jp</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE TIME	7/15/08 - Seen by Dr. MacCannell ordered to ↑ paxil yome & 24hrs Dic Iceflex warm soaks DRUE & 20 neolness & swelling RUE. will start and observe the effectiveness of Tx. ——— P. Mammars
7/16/08	Pulmonary Rounds: — above reviewed — data base reviewed Pt eval'd the ch vent unit staff Vent parameters, pressures, O ₂ sats — reviewed Track care Pulm toilet + mobilization Nutritional support } continue (severe COPD) Not weanable Poor prognosis Dasso M1
7/16/08	Nursing Seen by Dasso on pulm. Rounds no new orders made. Resident's son called here and updated the current status & Tx plans. Resident responds to all stimuli. Well. Continue to monitor ——— J. H. Hunk
7/16/08	Nsg Resident alert, oriented to name, responsive to all stimuli I-V fluids complete @ 10am. Seen by Dr. MacCannell Nest in

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Martin

ROOM: 130A CHART # _____

DATE TIME	place. Feeding/meds given by gravity. HIL intact. IVAB Avelex / Rocephin as ordered. Kept N.P.O. V/S - 97.6, 80, 14, 130/60 monitor closely. ——— E. Martin
7/16/08	<p>MD ordered NPO & inserted NG tube & D.O of Pulmocare 250cc Q 4hr flush: 100 cc H₂O after each feeding. Wk grainy Resident = swallowing problem Total calories for fdg. approx 2250 cal/day & TEV 2100 cal/day. Will monitor tolerance.</p>
07/17/08	<p>NSG up → 98 76 16 95% 110/70. NG Tube Intact & Patient feeding tolerates well. ABT 2 Amps 400mg IV PB OD given as per order. No distress noted His Wk. Monitor closely ——— E. Martin</p>
7/17/08	<p>NSG Resident alert Oriented to name responsive to all stimuli. NG Tube intact. Feeding/meds all tolerated well. IVAB Avelex / Rocephin for pneumonia Cont'd. V/S - 99.8, 76, 16, 100/60. monitor closely. ——— E. Martin</p>
7/17/08	<p>NSG 311 US 97.9 - 82 - 16 - 1. Alert & Resp to stimulus - Colour fair & Resp distress - NG tube intact feedings tolerated well. ABT 1 Amp IV PB intact & Patent. IV PB Avelex & Rocephin in progress - to achieve reach Wk - position & V/S - to distress. Made comfortable Bmcdonald</p>
7/18/08	<p>NSG BA 4/5 100/60. NGT intact. Feeding Tol. Well. IVAB 2 Avelex / Rocephin cont for Rn pneumonia ——— E. Martin</p>

SILVERLAKE-KARRON-000226

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

DATE TIME	
	N/S can't → no adverse reaction noted. H/C intact ① foot good skin care & ped care provided. Rationing given as ordered for T during B run. = effect. Will continue monitor closely ———— gently
7/18/68	Mellard
	Pt seen - Obedient M.M. McKeely
	VSS ok
	PE No ill signs Q sct J Fair person
	Labs = New
	AJ - O.P.B.R. Policy M.M. McKeely by em M.M. McKeely by collection
	@ / Y
7/19/68	Mellard
	And Eastern Conference will own. Regular pt dr here.
	with body, A.S., don't like son. will have social
	same name
	@ / N
7/18/68 11 AM	Nox President weekly Bureau PA procedure previous X-ray for vertebra added to F.H. CXR Abdominal Chest for vet placement B.B.B.

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Marion ROOM: 130A CHART # _____

DATE TIME	7/18/08 - Nsg 98.6 80 16 110/70 NESTube intact patent Feeding/meds tolerated well. Flu x-ray done. results pending - IVAB Avelox/Rocephin Cont'd. Reorient alert Oriented to name responsive to all stimuli - monitored closely. P. marion
7/18/08 3-11	<u>nursing</u> 9/5 99.3 - 80 - 16. IVAB, Avelox/Rocephin in progress. no adverse reaction noted. NG Tube replace patent. Tube feedings given and tolerated. Loose Bowel. Good skin/percare given. positioned Q2hly. made comfortable as much as possible. will monitor closely. Frederickson
7/19/08	disg Gfs → 98.6 82 16 96/60 apykn continued. Ativan given & some effect. Hand mittens in place. ABT & Avelox 11 P.M. Given as per order. monitored closely. Atthamand
7/19/08 10p	brnng tube Patent. feeding tolerated well. monitored closely. At Rocephin 1VAB NAR. V/S. 98.2 80 16. xst feeds tolerated. will monitor. SILCOON
7/20/08	Nsg 6AM - V/S 98.5 - 82 - 16. 96.6 120/70 96.6 120/70 2VAB & Avelox / Rocephin in progress for RLL pneumonia. no adverse reaction noted. V/S. NGT intact. feeding Tsl. well. Will cont dr med. Judy
7/21/08 11-7	<u>nursing</u> V/S at 12am 98.7 78 16 Sat 96 120/70 Avelox and Rocephin via VAB continues for RLL infection. NG tube intact, Patent. Feeding then via gravity at 2am and 6am. Tolerated. no adverse distress noted. will monitor - Alenckelly CORN

Silver Lake Specialized Care Center

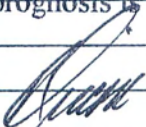
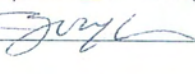
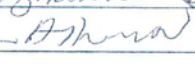
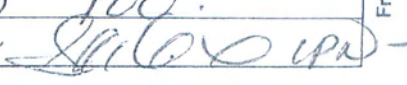
INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

DATE	TIME	MONTHLY NURSING ASSESSMENT:- Resident-residents
7/22/08	2:00	Vent dependent. Cognitive skills for daily decision making is moderately impaired. Short and long term memory impaired. Vision impaired uses eye glasses. Resident- Sometimes understood and sometimes words stands. Hearing Adequate. Total dependent with two staff assist for Bathing Dressing grooming Pericare, etc. Total assist for oral care. Two or more people need for transfer due to Vent dependent. Unable to assist etc. Has contractures of Rt ankle Lt ankle. OOB to wheel chair. Total assist need for Mobility. Incontinent of Bowel and Bladder. Incontinent care provided by staff. Increased Agitation at times noted. Adviseing ing via Cita & orally for Agitation continues. 2 side rails up when in bed. Resident is on NG tube feeding via Gravity from 7/15/08. Receiving intrap Pulmonary 250ml & orally with 100ml H ₂ O Ac PC. Continues with Respondal for Agitation and Paroxetine for Depression. No side effects noted. AB thoracy Anelox and Rocephin via LVPB continues for Rt LL infiltration from 7/14/08. No adverse reactions noted. All needs anticipated by staff. Current wt - 146 lbs. Will monitor - Alephthy is Rx -

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: Karron ROOM: 130A CHART # _____

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 7/21/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is confused.
		Hemodynamically stable. She now has a NG tube for feeds as she was not tolerating oral feeds. She should have a PEG placed for feeding.
		There is a pneumonic process.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regime.
		Overall prognosis is extremely poor. To continue antibiotics to full course.
		
		Ralph J. Ciccone III, M.D. FCCP
7/22/08	6 AM	NGT 45 98° - 84 - 12. 90/60. ZVAP & Avelox / Rofexin in progress for RLL pneumonia. No adverse reaction noted. H/L intact. NGT intact. Tach. Well. Will cont to monitor closely. 
07/23/		NGT 45 → 98 82 16 96/60. NGT intact and from patient and tolerated well. ABX & Avelox / Rofexin IVs Continued for pneumonia. No adverse reaction noted. H/L intact - no lab tests when this was - Rofexin H/L intact. Resolved R Leg. & Ant 24. Aspiration will continue to monitor. 
7/23	10p	Final dose Rofexin + gm JPB in DM. No adverse reactions. Of distress. NGT intact. V/S - 100 84 16. Repeat temp 100. Will continue to monitor. 

SILVERLAKE-KARRON-000230

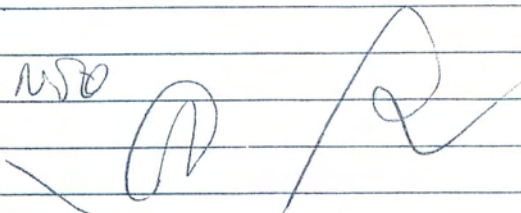
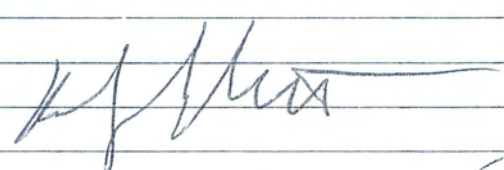
**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karren Martin ROOM: 1307 CHART #

DATE TIME	
07/24/1	NSG 48.9 98.9 80 14 96/6 120/60. ABT (lecephin) Avelox 1VBB x 10 days Last dose of Avelox given @ 6am for Pneumonia. No adverse reactions noted. NG tube intact & patent and feeding tolerated well. Well obs - A. Harn
07/26/1	running Remnant is continued c NGT feeding and tolerated well. noted c gradual ab-gain since the NGT feeding started. Current wt 150lbs with in Ideal body wt. will continue to observe and monitor - Spruance
7/26 10p	Temp 101.7 16 Tylenol & cooling Repeat Temp 101.3. Tylenol & cooling repeated. NGT feeds I will monitor Spruance
7/27/08	NSG VLS-100 76 16 100/60 Cooling measured provided at low grade Temps. Nest intact Patient Feedings no ill tolerated well. 2pm Temp 98.8, monitor closely. — e. mamas.
7/28/08 6p	NSG 45 100-87-16 98.7 10/60 Tylenol & cold sponge bath given @ 12pm. NGT intact. Feeding Tolerated well. Temp: 98.7 & 98.4. Will cont to monitor — Spruance

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Mannon ROOM: _____ CHART # _____

DATE TIME	
7/28/08	Med. NSU
11:00	See Cyle NSU
	
7/28/08	<p>Podiatry Note:</p> <p>Non-professional care hazardous due to circulatory impairment.</p> <p>Findings: pedal temp change noted; thin, shiny skin feet; feet red on dependency; absent pedal hair; burning in toes periodically</p> <p>Impression: onychiauxis, PVD</p> <p>Treatment: trimmed elongated toenails</p> <p>Recommend: prophylactic foot care 2-3 mos. for PVD</p>
	<p>Podiatry Note:</p> <p>Toenails are dystrophic, discolored, brittle and thick. Mycotic toenails are painful and may cause secondary infections/ulcers if untreated</p> <p>Impression: Dermatophytosis toenails</p> <p>Treatment: Debride toenails</p> <p>Recommend: Foot care 2-3 mos. for mycotic toenails</p>
	

SILVERLAKE-KARRON-000232

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

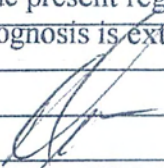
NAME: _____ ROOM: _____ CHART # _____

[illegible]

SILVERLAKE-KARRON-000233

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Mamon ROOM: 130A CHART # _____

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 7/28/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is lethargic
		Hemodynamically stable.
		There is no evidence of acute infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regimine.
		Overall prognosis is extremely poor.
		
		Ralph J. Ciccone III, M.D. FCCP
7/28/08	3M	Mentally cycle done by D. H. Bruno - multi minerals A-1505 liquid Bimodal
7/28/08	NSG	V/S - 100/48 80/14 100/60 Cooling measures provided for low grade temps. Nest intact, Feedings/meals tolerated well. Spm temp 98.8, monitored closely. P. Mamon.
07/29/08	6M	NSG C/S → 100/60 80/12 98/60 100/60: Fyd/grom. NGT tube flush as per order. NG tube intact. Feeding tolerated well. Spm temp → 99.4, no distention noted this time - P. Mamon
7/29/08	NSG	V/S - 100/80 16 100/70 Cooling measures provided for low grade temps - Nest intact Feedings/meals tolerated well - Spm Temp 98, monitored closely. P. Mamon

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: K. Curran ROOM: _____ CHART # _____

DATE	TIME	NSG
7/29/08	3m	US 1004-80-16 - Sprunged Bath - g tube flush as ordered - NGT Intact + patent NGT feedings tolerated well - position OK Good Skin + new care made comfortable LBM X 3 @ BS 29 disters Made comfortable
7/30/08		NSG Resident doesn't make any attempts to get OOB - OY from Rlc - Tab monitors blood from Rlc & Be al. Continue to monitor closely. P. mmmmm
7/31/08		NSG Resident noted to excretion on the sacral area, T/O received for silvaolone & s p Nls wash x2 times. P. mmmmm
8/1/08		NSG Resident noted to LBM's to foul color, stool color x3 ordered. P. mmmmm
8/1/08		NSG Nls-98.7 84 16 100/70 Nest intact Feedings moderate rate of well. monitor closely. P. mmmmm
08/2/08		NSG US 989 84 10 sat 98.6 110/70. LBM stool 6m water. Stool inc. diff #1 Specimen obtained - NGT type Intact & feeding tolerated well. P. mmmmm
8/2	10p	1003 80 10 100/70 Repeat temp 98. Nest feeds tolerated & distress. with monitor - SMCACW -
8/3	6A	Stool C-diff x2 obtained - SMCACW -
8/3/08		Resp Care: Trach changed on per policy & 2mo inserted #8 Det US and difficulty no bleeding BS bilateral apnea resolved eff

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Marion ROOM: 130A CHART # _____

DATE	8/3/08	Nursing 6P
TIME	11	Stool C-Dil (+) Spoke cbr McCarthy ordered Flagyl 500mg q8h x 7 days LBM'S kept monitor for effectiveness. Clyde Nassar
8/3/08	09:30pm	Nursing: VS 99.4 82 16 B/P 80/65. 1 st dose of Flagyl 500mg administered. NAR noted. Will continue to monitor. A Philip RN
8/4/08	09:00	M/N/Sle
		Pls sample lab work. Pls ut P shd later in Flagyl
		VSS - 97.7
		Pls P, 9.5 sat N/A
		Pls C, D, P - eds in Flagyl 500mg 6PM
		P Syphilitic
8/4/08		Nursing
		Resident was seen by Dr. Kalman for eval of Peg tube placement. Will place Peg when consent obtained from the family. Called the family & notified of the consent. message left in Dr. Kalman's office to call the family regarding the procedure. Will Flagyl 500mg
8/4/08		N/S
		V/S - 97.7 84 16 100/60 Flagyl for C diff' control - NEST intact
		Reevaling meals tolerated well. Stool C diff #3 obtained
		Monitor closely. ————— d. m. m. m.
8/4/08		placed Air mattress on the bed to promote healing of sacral excoriation. ————— e. m. m. m.

SILVERLAKE-KARRON-000236

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

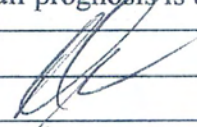

[illegible]

SILVERLAKE-KARRON-000237

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, M

ROOM: 130A CHART # _____

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 8/4/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is lethargic
		Hemodynamically stable.
		There is no evidence of acute infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regimine.
		Overall prognosis is extremely poor.
		
		Ralph J. Ciccone III, M.D. FCCP
08/10/11	11/17	nsq 6/5 → 99° 8 2 16 w/beat 94/6 110/60 / 7 Aug 4/1 Continued on C. diff. C.B.M.x. NG tube intact and feeding tolerated well. Will observe - AT Home
8/6/08	AM	Medico Pt D x'd to C. diff Diabetes improving to which used, Alk No unhyg Mx: sllh, OD, EW M: C. diff @ - ant Flayl - improving
		

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron

ROOM: 130

CHART # _____

DATE	8/7/08	TIME	3:11	W/SS	98-88-14. Flagyl continued for C-diff.
	8/7/08			N/G tube feedings given. Lower BM x 2. Good skin/perine care provided. Turned & positioned q 2hrly. Made comfortable in bed. Will observe closely. — Frederick.	
	8/8/08			Mult WTE	
	10:40			Pr ze c hld Pr wh @ Dink	
				VSS - mch	
				Pr @ 1 hr BMs all	
				Ap - Dark stool Quid 4g bld — will Mch — like with Flagyl	
	8/8/08			Log	
	1:30 PM			Resident eval by M. Burns PA Resident	
				cont @ BMs. currently Flagyl for C-diff.	
				Ordered Omeprazole 40mg TID x 7 days	
				will monitor effectiveness	
	8/8/08			Nursing	
	10pm			V/S 99-1 P-80 R-16 BP 110/60. Continued on	
				AB therapy c Flagyl for C-difficile. No adverse	
				reaction noted. LBM x 2. No apparent distress noted.	
				Will continue to monitor	
	8/10/08			Nsg G/S → 98.6 Sx 12 98.6 100/60. Flagyl for C-diff	
				x 7 days last dose given @ 6 AM. Turned and positioned	
				Skin care, dubiti care provided. N/G tube intact	
				and feeding tolerating well. Will observe — Adewunmi	

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____

Karron

ROOM: _____

CHART # _____

DATE	
TIME	
8/10/08 3-11	Nsg: 1st day S/P alt flagyl - Cdys 1/5 1993 P 18 R/L B/P 90/64 Skin care & priv care provided. N/G tube in place. No respiratory distress noted. pg 180 RN
8/11/08 10am	History: Res. continues Pulmcare 250cc Q4° flush c 100cc H ₂ O via gravity. NG tube remain intact and feeding is tolerated well. No signs/evidence of any malabsorption noted. Current wt. 140 lbs. 8/9/08, Bwt - 19.5. 5 lbs. 11 lbs 10 lbs. wt ↓ since last nat. eval 7/18/08. Labs 8/02/08 - nutritionally insignificant. Good skin and hydration. She is also receiving Praxat 101 200cc TID to maintain good skin integrity, on MVI c minerals for additional nutrition support. Bowel movement is reported normal. Will continue Rx feeding + supplement as ordered & tolerated. Will monitor wt. changes, feeding tolerance, nut. related labs, skin condition & hydration. J. Med. School
8/10/08	Well Nsg
	Pl scar @ L.H. Pl w/ skin L = Qly
	VSS - less
	PLE @ skin L = Qly
	AJ @ skin L = Qly
	IP shl w/ Sphex Tx / Prax - will Monitor
	C / d

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

[illegible]

SILVERLAKE-KARRON-000241

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES


NAME: Karon Marlon

ROOM: 130A CHART #

DATE	
TIME	
	Pulmonary Medicine
Name: Karron,M	Date: 8/11/08
	Case discussed with staff on rounds.
	Ventilatory parameters were reviewed. Vital signs were reviewed.
	PIP acceptable
	Neurological status the patient is awake and alert
	Hemodynamically stable.
	There is no evidence of acute infection.
	Patient is not weanable from mechanical ventilation.
	This is secondary to severe COPD.
	To continue present regimine.
	Overall prognosis is extremely poor.
	Ralph J. Ciccone III, M.D. FCCP
8/11/08	Nursing: 2P Resident peer by Dr Ciccone on Pulmonary Rounds. Cort stable & S. Lyndee Hesse
8/11/08 4pm	Resident eval by N. Brown PA. min. oxygen saturation at 90% by pulse ox. B/L T/S w/resp well mentally apprehensive TB 3mg

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

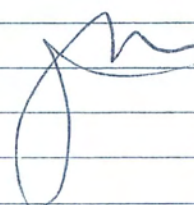
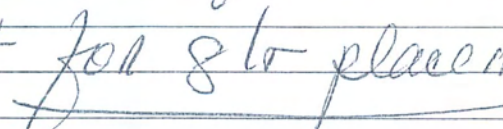
DATE TIME	
8/13/08	needed
0920	<p>Then I cleaned & charted received the supplies. We didn't clean the vehicle used skin tear in (L) skin tear injury</p> <p>MP - (L) Skin tear (L) skin - cut skin</p> <p>② C. diff @ - improved on Flagyl</p> <p align="center"></p>
8/13/08	<p>nursing</p> <p>Resident had developed excoriation on sacral area 8/7/08. Treated with normal saline wash & Silvane Cream application. Her overall condition got worse poor eating, decreased mobility. Skin no papules & thick. Has LBNS and (+) Cdiff. Treated c Flagyl 500mg q 8hrs x 7 days. #1 & #3 Specimen on 8/4/08 was negative. Resident still has LBNS. Turn a position done. Continued on NGT feeding. The excoriation changed to stage II, clean and moist pink in color. no odor. size 3x3x0. Perocut 5/325 q 8hrs PRN available for pain. Resident is on air mattress. Taken OOB as tolerated. Kept as clean & dry as possible. Placed on Questrom 4gm q 12hrs to 7/8/08 to treat the LBNS. 1/0 obtained from Dr. McCarthy to repeat stool for C. diff. Will continue c Silvane Cream Tx. for skin. The ulcer. J. L. Chubb</p>

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: Carson Marron

ROOM: 1304 CHART #

DATE	TIME	Notes
8/14/08		nursing Skin under trach-holder checked and found to be intact - will monitor - J. Harkins
8/15/08	1015	Medical Pt \bar{c} downed again slr comm of Flappt that end slivlor Pt also \bar{c} secret decubiti 90 wls mtd, thh Pls undlyd - secret decubitus upmy MP: (1) <u>decubitus</u> - resend skul in c. dell - diet altered (2) <u>Decubiti</u> - cont und care 
8/15/08	11AM	Ray Resident care by Dr. H. C. Cuthy & L. B. M. S. SP Flap fed diff. Chagd Palmar & R Perate 200 ml water o 1500 H ₂ O flush Will monitor flabms Ruff - D. B. B. J.
8/16	5P	Consent for glr placement signed by Son  SAC & V. P. J.
8/17/08		Dietary FIV Resident as of 8/13/08 have stage II decubiti on sacrum area on Prostet 101 & multivit amines minerals. Albumin level on 6/08 3.10. NG tube change change to H ₂ O tube change ^{mm mm} Perature 210 ml O ₂ flus. Flush = 150 ml of H ₂ O after each feedings

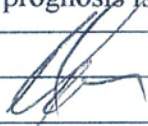
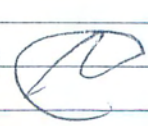
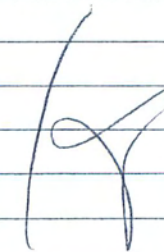
Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

DATE	TIME	Notes
		Total calpines received 1300 p. fdg + TVF 2400 ^{also noted the} resident in chambers. will monitor behavior w/ present feelings.
		use Dec.

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Marion ROOM: 130A CHART # _____

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 8/18/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is lethargic
		Hemodynamically stable.
		There is no evidence of acute infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regimine.
		Overall prognosis is extremely poor.
		
		Ralph J. Ciccone III, M.D. FCCP
8/20/08		Med MRG
		Pt seen on rounds with RN. Pt not yet done for
		VSS - clall
		PO - (Bilby) str in (P)w
		WSS - clall
		Ap H Chem Rn - dy well - Perad 36"
		p Route
		will Forth
		Q Sh Tm h B W Buts on long  

Franklin Printing 718-258-8588 SLC-110

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

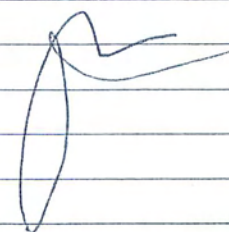
NAME: Karron M ROOM: _____ CHART # _____

DATE TIME	
8/21/08 3P	<p>PSG US 1002 - 8u - 16 Sponged Bath g tube flush as ordered - g tube feedings tolerated well B.S. - position O.R.s - good Skin & per day - & distress made comfortable - 8P T Buccal</p>
8/22/08	<p>NSG 311 US 100 - 82 - 12 Sponged bath g tube flush as ordered NGT intact & patent - feedings tolerated well - B.S. - position O.R.s - good skin care 8P T 100 - & distress - made comfortable Buccal</p>
8/23/08 7-3	<p>NSG Weekly decubitus notes: Pressure - stage II size 3x2.5cm to depth Reddened & clean area N/S Washed & Silvadene Cr applied & shift area clean & reddened & some improving noted D Leg - Resolved. positioned a turned 92' & PRN. Diaper changed. 92' & PRN. O.B. - K/c. 90d. WPB give g tube provide supplement M-Vit & Mineral 15" gal & provide 101 30" TID VIT B/T feeding to tol. well continues to obs for any 2's in condition</p>
8/25/08 8Am	<p>Relief Care Trach changed 2° to broke cuff Rapid removal pilot balloon inserted Same size #18 3 any difficulty HAD</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron

ROOM: _____ CHART # _____

DATE	
TIME	
8/25/08	<p>Rectary F/H</p> <p>Decubiti notes.</p> <p>Admission area remain stage II measures 3 x 2.5 cm depth reddened. Local care provided + on mult supplements of Prost 101 & on multivit & minerals.</p> <p>NG tube remain intact & positioned & feedings are well tolerated. D.O NG tube Peristaltic 250 ml Q 6 hrs. flush & 150 ml of H₂O after each feeding in gravity. Total calories 1300 p.f.dg + 303 p.f. Prost 101. Can't further ↑ feedings due to common episode of UH Diet vomiting but have resolved. G.I consult scheduled on 9/11/08 for PEG placement - AMM Nut</p>
8/26/08 10w	<p><u>Medication</u></p> <p>Stool Concern about redness to (L) elbow x 24°</p> <p>40 Ulna noted</p> <p>- mild erythema to @ elbow int no skin breakage</p> <p>MP: Erythema @ elbow - Ulna pressure related - chondro + positioning</p> 

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron

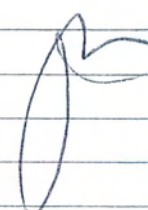
ROOM: _____

CHART # _____

DATE	TIME	
8/21/08		Pulm med - above reviewed pt eval - the chvent unit staff vent parameters, pressures, O ₂ stats reviewed Trach care Pulm toilet mobilization nutritional support continued
		Not weanable (severe COPD) poor prognosis <i>[Signature]</i>
8/27		NGT found dislodged. Replaced by superiorly in place & OK per line for placement. B/L hand written distress. Will monitor <i>[Signature]</i>
8/27/08	11:45 PM	NSG: NBT replaced patient to bed well - X-Ray ordered STAT for confirmation of tube placement Smith R
8/28/08	6A	NSG: 45 98 - 82 - 16. 95% 11/6. X-Ray abdomen / chest for NBT placement ordered. TWT D ⁵ 1/2 NS 1/3 P This result of X-Ray. Started @ 1:30 AM, infusing well via R arm H/L. NPO maintained well. Cont to monitor <i>[Signature]</i>
8/28/08	2pm	NSG: V/S 98.6 80 16 BP 122/70 CXR done. on D ⁵ 1/2 NS fill result of CXR. NPO H/L (R) arm intact & infusing well. NPO fill X-ray result. No distress noted. will cont. & monitor. <i>[Signature]</i>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: _____ CHART # _____

DATE	TIME	Notes
8/28/08	6:30p	Nursing Received CXR - Abdomen - NG tube in distal Esophagus. Questionable V/L lung CT Scan advised. RLL infiltrate. Abdomen - Fecal Retention, ileus - Dr. McCarthy notify and will repeat CXR in pm. Change
8/28/08	3p	NSG US 985 - 78 - 14 - - IVT DTY2 als infusing well in (2) hand. NPO maintained - NG tube in distal Esophagus - Repeat CXR in Am. IABd X Ray Fecal Retention - Fleet Enema given & awaiting results. position OK - good skin & per care (+) B.S. & distress - made comfortable. Bmcdonald
8/29/08	0930	Medical Pt seen & examined Had vom + Ate 8/28/08 that stirred ? RLL infiltrate & ? fecal retention / ileus Pt T numerous BMs 40 mLs intake diet: warm BS B/L MD: salt AP: 0? Pneumonia - ask @ this time - ✓ repeat con 0? Fecal retn - having numerous BMs - ✓ repeat con 

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE	5/19/08 Nursing - V/S: 99.7 - 80 - 14.
TIME	17:30pm CXR. NG tube seen up to the level of the knot of the Thoracic Aorta - NG removed and replaced. CXR in PM. Received f.o to keep on holding meds until X-ray result. Openly
10pm	NG tube re-placed. X-ray to be done in AM. med & feeding held. IVF 125 / 125 1C @ 12hr in fixing via H/Occ @ arm. no 3/4 of intubation noted. incl. of B/B good skin / pericare provided. Turner & positioned q/hourly. will observe closely. The doctor
8/20/08	NG
6am	V/S 98.6 - 78 - 16. 12/80. NPO maintained. IVF D ⁺ 1/2 N/S 1C infusing well. T 1 AM. H/O @ arm. to be done X-ray in PM. if distress noted. Will call to mmr. <i>guy</i>
8/30/08	<u>Decubiti notes -</u> Stage II Sacrum measures 3.5x3cm redness around it. Small amount of bloodish drainage persists getting Silvadone Cream p/wk wash & s. Incontinent of B/B - good skin, pericare. Frequent diaper & anal keep her clean as possible. w/PB once a wk and beal bath daily. provide 101 multivitamin & mineral & provide of for healing of Decubitus. pericare itab 8gt PRN for pain & good results. NG tube intact. Feeding percutive 200cc @ 14 tolerance well. Resident has air mattress. OOB - R/c as tolerance of, turned, positioned & abns in bed. monitor closely for 15. 4 memos
8/30/08	NG V/S - 98.2 78 16 100/60. NG tube intact. CXR pending. IVF infusing well. Incontinent care provided. Turner & positioned made her comfortable. <i>guy</i>

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: Karron marion ROOM: 130A CHART #

DATE	8/30/08 - 10pm - VLS - 98.2 78 14 100/60
TIME	CXR done. Awaiting for the results - IV fluids infusing well. DecubitiCare provided - monitored closely. — P. marion.
08/31/08	NSG 075 → 98.6 78 16 98/60 120/60. Resident pulled 6m out NG tube during B-11 Shift at 10pm. IVF infusing D5 1/2 NS 1 liter @ 120. HIL relocated. agitation noted. Turned and positioned, dubiti's Care, skin care provided. Ashua
8/31/08	NSG - 2:30pm - VLS - 99.4 78 16 100/60 - NG tube #12 inserted. Awaiting for CXR. IVF infusing well. DecubitiCare provided. monitored closely. — P. marion.
8/31/08	NSG 3m US 99.9 - 78 - 16 - CXR done this afternoon - IVF infusing well in RT foot & pat CXR shows NG tube in place & intact. NG tube intact feeding & meds given as ordered & tolerated well. & distress made comfortable PRN small
09/1/08	NSG 075 → 97.8 80 16 73/60 NG tube intact and patent - 6m IVF 1/2 NS 1 liter @ 120 continued. NG tube feeding tolerated well. no distress noted this team - Will continue to monitor & PRN
9/1/08	MIDNIGHT Pt seen @ 10:15 PM with aph VSS. clear PE GDM NGT - 1m A - Dysphagia - NGT in place Pt seen 10:15 PM - 9/1/08

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

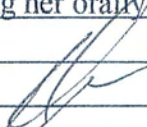
DATE 9/1/08 - NCTube intact, Feeding tube
TIME 10:00 - well - SOB - RLC - color
received 10 DIC IV fluids. - P. manson

9/1/08 Nursing

(7-3) Resident condition that her family, significant other interest in discharge or possibly continue care in an SNF setting her cognitive skills for daily decision making is moderately impaired decisions poor, cues supervision required. Both short and long term memories impaired. Vision is impaired with the use of eyeglasses, magnifying glasses. Ability to make self understood some times and sometimes understands. Hearing is adequate. Totally dependent in bathing with the assist of two person, also in Grooming, dressing. Totally dependent in oral care and pericare. In transfer requires two or more people due to weight, inability to assist and weight dependability. Resident is chair fast and wheeled in wheelchair. Totally dependent in bed mobility both supine to sit and side to side. Resident is immobile has low participation of recreational activities. Has Naso gastric tube. Uses two and half for self position assist. ————— Michael Tadros LPV

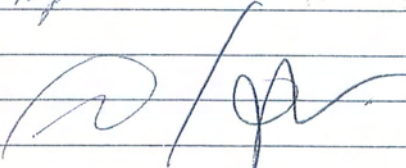
Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: Karron, Marion ROOM: _____ CHART # _____

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 9/2/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is lethargic
		Hemodynamically stable.
		There is no evidence of acute infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regimine.
		Overall prognosis is extremely poor. We will reeval her speech and swallow as her family is feeding her orally.
		 Ralph J. Ciccone III, M.D. FCCP
9/3/08	1010	medred PF on Apul xl day + unable to cough it % when intubated Pts unhelpd Mr. Hrn - try nebulizer every 4hr
9/3/08	1100	neg Seen by DR. MacCann ordered 10 Δ Toradol xl to me bropolol some via NEST 6/12H ——— P. Mark

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Marion ROOM: _____ CHART # _____

DATE	TIME	
9/4/08		Speech
9/4/08		Swallow well begun. Res. given 23 of appearance with blue on ↑ cuff. Resp to monitor. (Redden mct)
9/4/08	2300	Notified form - S/T negative blue dye suctioning of spitum from Trach via closed suction catheter, productive Cough yellow thick, moderate amount of mucus <u>g. Zygari</u>
9/5/08		Medal NSG
		Pt with ↓ BP - Bp 100/60
		✓ SS - 100/60 - 90/60 - 80/60
		1/2 5/10
		Lab 10/10
		At HOW n 10/10 g. 10/10 Bp will ↓ 10/10
		
9/5/08		NSG
		Seen by PA Bruno, Resident is on leprex for B.p. Bp Running 100/60 - 100/60 - 100/60 - 100/60 BID will observe. <u>E. Hammer</u>
9/5/08		Speech
		Swallow eval complete CONT 11/10 Reg to on 9/11/08 (Redden mct)
9/5/08		NSG
		US 10/10 82-110 Sponged Bath given NGT intact - feedings tolerated well - position of tube & good skin care given - 2 dishes made comfortable - 8pm - 98
		will observe <u>Bruno dale</u>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Mexico ROOM: 130A CHART #

DATE TIME	
	<p><u>9/6/08 - Decubiti notes -</u></p> <p>Stage II Sacrum measures 3x2.5 cm redness around it, small amount of bloodish drainage noted, getting Silvadene cream QSP. NK wash. Incontinent of BB. good skin, pericene frequent diapers and keep her clean as possible - up B once a wk and bubble bath daily. provide 101 multivitamin & minerals. provide 1 for healing of Decubitus, pericene 1 tablet PKW for pain & good results. Feeding perative 200 cc BBH role & tube used. Resident has air mattress. OOB → Rk as tolerated. Turned, position of Q2hrs in bed. Albumin level is 3.0 on 6/4/08 - monitor closely for DS. - T. Mares</p>
9/7/08	<p>History:</p>
11:30 am	<p>Res. continues tube feeding of Perative 200 cc Q6hrs. flush 100 cc of H₂O + Peristat 101 30 cc TID. Perative - 1300 cal + Peristat - 303 cal. Feeding + Supplement is tolerated well. No nausea, vomiting or diarrhea noted.</p> <p>Current wt - 135 lbs. 9/6/08, ↓ 5 lbs since last nut eval 8/11/08. Decubiti - Stage II Sacrum. 3x2.5 cm Hydration is good - Total fluid intake - 2400 cc Skin is good - on Peristat + MTC minerals to maintain good skin integrity. No recent labs will continue Rx feeding + supplement as tolerated.</p> <p>will monitor wt. changes, nut. related labs, skin integrity + hydration. Will up-date progress on next - nut. eval. J. M. Culley MD</p>

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

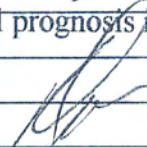
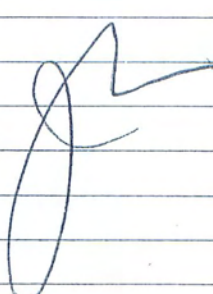
NAME: _____ ROOM: _____ CHART # _____

DATE	TIME	
7/7/08	7-3	Nsg SIP Temp 48 79.8 P 78 R 12 20/90 NO respiratory distress noted
9/9/08		Will continue to monitor <u>perfusion PW</u>
		Nsg
		VIS-100.4 80, 12 110/70 Cooling measures
		provided at Fox Lac's gradual Temp.
		2pm Temp 98.9 Next Intake of Feeds asings
		meals tolerated well-maintained closer
		<u>if mamas</u>

SILVERLAKE-KARRON-000257

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron M ROOM: 130A CHART # _____

DATE	TIME	NOTES
		Pulmonary Medicine
		Name: Karron, M Date: 9/9/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is lethargic
		Hemodynamically stable.
		There is no evidence of acute infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regimine.
		Overall prognosis is extremely poor.
		
		Ralph J. Ciccone III, M.D. FCCP
9/10/08	0935	<p><u>needed</u></p> <p>pt scheduled for P&Z tomorrow</p> <p>% Uels used, 1st</p> <p>P/O undrained</p> <p>P: NPO p m n for P&G</p> <p></p>
9/10/08	0935	<p>Resident scheduled for pre placement</p>

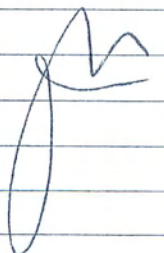
**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE TIME	
	Tomorrow, N.P.O P midnight. — T. mammers.
9/10/08 3n	US 998-78-16 - Bp 100/80 - NPO P Midnight - Schedule for peg placement on 9/11/08 @ 9am at S I U Hosp North - Endoscopy department - to distress position this - made comfortable BMLDnald
9/11/08 6h	US 978-76-16. 97% 100/60 kept NPO P 124N for 6/7 placement on 9/11/08 @ 9AM. & distress noted. all AM care & debility care provided Will monitor ———— group
9/11/08 8am	morning Rendell went to S I U H for peg placement by Dr Kalman via ReA. J. H. H. H. H.
1pm	Returned from the Hospital via ReA. Alert & responsive to all stimuli. Peg tube in place NPO for 24hrs and not to have the tube & 24hrs. notified Dr. McCarthy & TLO obtained to carry out the orders per the instructions. called Dr Kalman's office & left message to call back to ask about the medication use. Rendell is not in distress. will observe and monitor. J. H. H. H. H.
9/11/08 2pm	US 981, 76/16 120/70 - Returned P to Tube placement @ 1:30pm P. mammers
9/11/08 3n	Call Dan Karon and made aware of the peg placement. J. H. H. H. H. US 9 HR Kalman's office return call to give all med's via g tube AmcDonald

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Marion ROOM: 13A CHART # _____

DATE TIME	
9/7/18 3n	<p>DS9 US 989-76-16 - BP 94/60 - 3/p peg placement - NPO maintained except for meds - NPO x 24 feedings to resume tomorrow IV fluids D.5 1/2 NS infusing well in position Orlis - good skin & per care - local Rx done as ordered - made comfortably BMCDonal</p>
9/12/18 6a	<p>DS9 989-76-16 94h 100/60. SIP Peg 1st night. GT tube in place. NPO. maintained. IV fluids 8150 in progress. GT feeding resume at 6pm No distention noted this time. Athan R HPO feeding start 250cc/hr for 4hrs at 1250/hr then start feeding at 6pm AT</p>
9/12/18 1045	<p>needed PT y sip PEG placement 90 Ubel wted, 1h Med. silly N/A MD. PM POC into clear MP: dysphagia to wldly PEG</p> 

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE	9/12/08	WSE - VLS - 98.3 78 16 110/60 5/P
TIME		<p>↳ Tube placement, site clean H₂O 50cc/hr started @ 12N tolerated well -</p> <p>Feedings to start @ 6pm - IVF completed</p> <p>DOB → R/C. Decubiti Care provided -</p> <p>monitored closely - E. Mammars -</p> <p>nursing</p>
	9/12/08	<p>g/15: 98.7 - 70 - 16. B/P 110/62. S/P peg placement.</p> <p>(opm) peg site clean. G tube feeding, peristaltic 250 cc</p> <p>g/16hs via G/Tube @ 6:5 cc/hr given and tolerated.</p> <p>Compl. per care provided. Turned to pos. hour</p> <p>g/17hr/17. will observe closely - The doctor.</p>
	9/13/08	<p>WSE</p> <p>6A VLS 99.1 - 78 - 16. 58. 100/60. S/P peg placement</p> <p>G/h feeding tolerated well. G/T site - care a</p> <p>peri care - 7 ap 82° provide. With care to</p> <p>monitored closely - J. Mammars</p>
	9/13/08	<p><u>Decubiti notes</u></p> <p>Stage II Sacrum measures</p> <p>2.5 x 2.5 cm ± redness around it,</p> <p>small amount of bloody discharge</p> <p>note of getting Silvaderm Creamer's</p> <p>pills wash. Incontinent of B/LB</p> <p>good skin pericare frequent diaper</p> <p>and keep her clean as possible -</p> <p>WPR once a wk and be able to clearly</p> <p>present 101 multivitamin & minerals</p> <p>provided for healing of Decubitus.</p> <p>pericare itab 84H RN for pain &</p> <p>good results - Feeding peristaltic</p> <p>250cc 86H tolerated well - Resident</p> <p>has air mattresses - DOB → R/C as tolerated</p> <p>Turned position of 2-3 hrs in bed.</p> <p>monitored closely. - E. Mammars</p>

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: Kerzen merion ROOM: 130A CHART #

DATE TIME	9/13/08. NSG - VLS - 100.9 80 12 110/70
	Tulerold cooling measures provided Cox ↑ Temp - → Tube site slightly red, cleanse c NLS. 2pm temp 99.4 - monitor closely. P. manson
9/14/08	Turning 10A Resident GT site c ↑ redress hard area above site mild drainage. Spoke c for McCarthy orders for Keflex 500mg QID x 14 days & warm soaks 89h will monitor closely. P. manson
9/14/08	NSG 1st dose of Keflex given for cellulitis c site. Area is red small amount of drainage note of Exam c site. Warm soaks applied. Feeding/meals tolerated well. VLS - 98.8 80 12 110/60. Continue to monitor closely. P. manson
9/14/08	NSG 3A VLS 98.4 - 80 - 12 120/70 Keflex improvement for cellulitis of 9 hrs site - to adverse reaction noted area remains red c sm amt of drg. Warm soaks applied as ordered - position 02 hrs - good skin & per care given to distress - will observe & make comfortable B McDonald
9/15/08	Red 106 Pleasantly Plunk pulled d/c 11/6/08 VLS - 98.7 P. B pulled d/c 6-10/08 Palsville A - 6 hrs P - 3rd. 1/16 - 6 I. 1/16

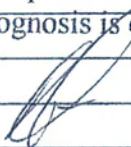
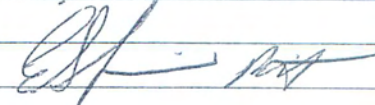
Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

DATE	
9/15/08	Nsg - Seen by PA Bruno ordered for cellulitis at site, ordered to Diclofenax to start Augmentin 80mg via EST tube, Co-I consult, CBC next wk will start anal observe the effectiveness of tx.
9/16/08	Nsg Vls-98.7 80 16 110/60 est site remained small amount of purulent discharge note of clean & NIs warm soaks applied - Augmentin to start - est tube feeding meals pleasant overall. monitored closely - T. Mammal
9/16/08 3211	RSG VLS 100.5 - 86 - 16 - BP 100/80 - Tylenol & syringed. g tube flush as ordered & augmentin progress for cellulitis of g tube site - Pain & tenderness red & dry g tube feedings tolerated well position Orlus + good skin & per care - 8pm T 100 - Tylenol & dishes - made C/NF available BMC prado

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron M ROOM: _____ CHART # _____

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 9/15/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is lethargic
		Hemodynamically stable.
		There is no evidence of acute infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regimine.
		Overall prognosis is extremely poor.
		
		Ralph J. Ciccone III, M.D. FCCP
		9/15/08 Resp Care
		Interviewed Son Danny as the work aspects of the LTOT ventilator reviewed along with fully malfunctioning & heavy surgical suited the from 5:30 - 6:30 pm will call to insurance next week that he can prepare to take his mother home
		 Post

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karen Marian ROOM: 130A CHART #

DATE/TIME: 9/16/08 11:54 987 84 12 Wt-471 116/60 Rpt 1up-5974
ABT: Augmentin 500mg q12h 2nd dose given in UT
Site infection. UT Site redness present drainage small
cont. Temp 38.0 C 2 days 80 per hr pain given & eff-
bt feeding tolerating well. Will observe - M. H. K.

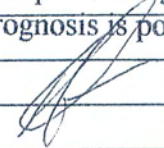
DATE/TIME: 9/16/08 11:54 987 84 12 Wt-471 116/60 Rpt 1up-5974
ABT: Augmentin 500mg q12h 2nd dose given in UT
Site infection. UT Site redness present drainage small
cont. Temp 38.0 C 2 days 80 per hr pain given & eff-
bt feeding tolerating well. Will observe - M. H. K.

DATE/TIME: 9/16/08 11:54 987 84 12 Wt-471 116/60 Rpt 1up-5974
ABT: Augmentin 500mg q12h 2nd dose given in UT
Site infection. UT Site redness present drainage small
cont. Temp 38.0 C 2 days 80 per hr pain given & eff-
bt feeding tolerating well. Will observe - M. H. K.

DATE/TIME: 9/16/08 11:54 987 84 12 Wt-471 116/60 Rpt 1up-5974
ABT: Augmentin 500mg q12h 2nd dose given in UT
Site infection. UT Site redness present drainage small
cont. Temp 38.0 C 2 days 80 per hr pain given & eff-
bt feeding tolerating well. Will observe - M. H. K.

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: Knowles ROOM: _____ CHART # _____

DATE TIME	
	Pulmonary Medicine
	Name: Knowles, D Date: 9/15/08
	Case discussed with staff on rounds.
	Ventilatory parameters were reviewed. Vital signs were reviewed
	PIP acceptable
	Neurological status the patient is awake and alert
	Hemodynamically stable.
	There is no evidence of acute infection.
	Patient is not weanable from mechanical ventilation.
	This is secondary to COPD and CHF.
	To continue present regime.
	Overall prognosis is poor.
	
	Ralph J. Ciccone III, M.D. FCCP
9/15/08	NSG 37 US 100 4-82-14 - Sparged bath & tube flush as ordered position 0-15 - good skin & per care - 8-17-99 - 8 dishes made comfortable McDonald
09/16/08	NSG 45 - 2982 SV 4 986 130/70 Rpt 45 - 2978 6m urine specimen obtained - 410 c/s chd 411 Site Pain Feb Ty 411 from 2 effect - no clonus poked this time - PhosK
9/16/08	<div style="text-align: center;">PH LEVELS</div> <div style="display: flex; justify-content: space-between;"> ATING 5 </div> <div style="display: flex; justify-content: space-between;"> TRANSFER 4 </div> <div style="display: flex; justify-content: space-between;"> TOILETING 4 </div>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE TIME							
9/17/08 OSW	<p><u>Medical</u></p> <p>Pt was spiking fevers No new concerns</p> <p>% WBCs intact, Hb & Hct Hct, WBCs Hb unchanged</p> <p>WBCs intact 9/15/08</p> <table border="1"> <tr> <td>(130)</td><td>99</td><td>53</td></tr> <tr> <td>4.9</td><td>21</td><td>0.2</td></tr> </table> <p>15.4 / 3.5 < 3.4 BCo (P)</p> <p>CXR: N/A</p> <p>MP: ① <u>Leukocytosis</u></p> <ul style="list-style-type: none"> - ✓ BCo - ✓ WBC - monitor CBC <p>② <u>Hypochromia</u></p> <ul style="list-style-type: none"> - will monitor 	(130)	99	53	4.9	21	0.2
(130)	99	53					
4.9	21	0.2					
9/17/08	<p>NSG seen by DR. McCarthy O&A of CBC, Bmp on 9/17/08 - 10 FU WBC on 9/15/08 was 15.4 - CXR ⊖ - No significant apex - UACs pending, monitor closely. Pinner.</p>						

SILVERLAKE KARBON 000067

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Monique ROOM: 130A CHART # _____

DATE	
TIME	
9/16/08	Medical
0920	<p>pt c infection to new G-Tube site</p> <p>c purulent drainage. Has been on oral abx</p> <p>x 2 dx. c minimal improvement</p> <p>9/8: Abx, which noted</p> <p>Abx completion</p> <p>clot: cm</p> <p>Abx</p> <p>MS: c purulent drainage on G-Tube site</p> <p>c mild surrounding cellulitis</p> <p>if <u>Cellulitis vs. Abscess</u></p> <p>- switch to Unasyn</p> <p>- ✓ abx</p> <p>- warm soaks</p>
9/17/08	<p>neg</p> <p>seen by DR McCarthy</p> <p>Ordered 10 Dlc Augmentin to start</p> <p>Unasyn 1.5 g q6h x 10 days c/s of</p> <p>ENT site - for cellulitis ENT site.</p> <p>will start and observe the effectiveness</p> <p>OF TX. - p.m. mms</p>
9/19/08	<p>neg</p> <p>Vls - 98.1 52 12 110/60 HIL inserted</p> <p>(R) leg - IV AB Unasyn 1.5 g q6h given</p> <p>ENT site re c small amount of</p> <p>purulent drainage, Cle once c</p> <p>Ns - OOB → RLC - ENT tube feeling</p> <p>meals in it - ate solid - monitor closely. Prone</p>

SILVERLAKE-KARRON-000268

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Maura ROOM: 130A CHART # _____

DATE TIME	
9/17/18 3M	<p>NSG US 100-82-12 - Sponged Bath g tube flush as ordered Heplock Intact Rt foot + patent IVPB Unasyn in progress. No adverse reaction noted + position of the good skin + per care. Local RX done as ordered - Alert + Resp to Stimuli - Colour fair to perf dishes - Cellulitis of g tube site - Warm compress applied SPT 997 - made comfortable BmeDonald</p>
09/18/18 6M	<p>NSG vitals → 97.8 84 12 98/60 110/60 ABT + Unasyn 1.5gm IVPB 56 x 100cm 957 right tm injected at site. No adverse reaction noted. At site. Noted 2 pusulent drainage small amt. Residual in alert and responsive to all stimuli. No distress noted this AM. Will continue to monitor - Abundant</p>
9/18/18 NSG	<p>VIS-97.9 80 14 100/60 100 ABT Unasyn cont'd for cellulitis at site Area remains red + small amount of purulent drainage note of, clear cns, cns I consult pending monitor today. <u>fibromas</u></p>
9/18/18 3M	<p>NSG US 996-80-16 - 100/66 IVPB ABT Unasyn → Cellulitis of g tube site. Area remains red + pusulent drg. Warm soaks done as ordered position of the - local RX done as ordered - g tube feeding tolerated well - made comfortable</p>

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: _____

Karon. M

ROOM: 130

CHART #

DATE	TIME	Notes
7/19/08	6:45	<p>U/S 98°-82-14. 73° 12/60 T10B 2 Unasyn WPB for 6/7 site infection in progress. No adverse reaction noted. H/C leg intact 6/7 site area red - good skin care & peric care - 72p 32° prostrat well exit to morning</p>
9/19/08		<p>Red W/S</p> <p>Pl seen & bed side Pl not in room p 6-14 sub</p> <p>VSS - noted</p> <p>15 - 15-16 site in room</p> <p>Q skin care</p> <p>11 - 11-12 skin sh in Tank Bed in only</p> <p>11 - 11-12 skin sh CTR & M. in</p>
09/10/08	6:45	<p>U/S 98°-82-14. 73° 12/60 T10B 2 Unasyn WPB for 6/7 site infection in progress. No adverse reaction noted. H/C leg intact 6/7 site area red - good skin care & peric care - 72p 32° prostrat well exit to morning</p>
9/20/08		<p>Decubiti notes -</p> <p>Stage II Sacrum measures 2.5 x 2.5 cm & redness around it. Small amount of bloodish drainage persisting getting silvadene cream & NLS wash & s. Incontinent of B/B - good skin pericare frequent diaper and keep her clean as possible. W/PB once a wk and be at bath daily prostrat 101 multivitamin & minerals provided for healing of Decubiti.</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE TIME percocee 1 Tab ~~at~~ H P/N for pain & good results. Feeding percutive 20cc at 10 minutes well. Currently on IVAB unarun for Infective of ENT Site. Residence has air mattress - OOB - RLC as tolerated. Turned & positioned 2 hrs in bed. monitor closely for d's. E. meadows

9/20/08 Nsg V/S - 97.2 80 16 110/60 IVAB unarun cont'd. HLL in ~~the~~ of @ Arm - ENT Tube Site remains ~~1/2~~ of ENT consult planning. Feeding made tolerable of well. monitor closely. E. meadows

9/20/08 10p Upran cont 1UPB. HLL intact. NAP. V/S - 98.8 80 14 - SLL CO OPRN - Nursing

9/21/08 11:20am U/S - 98.4 80 12 110/60 29.6% 1UPB A/R unarun Cont'd for GT Site infection. No adverse reaction noted. C/Tube feeding tolerated. Incontinent care rendered made. Carry a table. HLL intact in @ Arm. GT Site Demand red will. Qandhe counter. S. meadows

9/22/08 11:07 Monthly Nursing Note: Resident is alert & oriented. Moderately impaired & decision making. Able to make make simple decisions & yes & no gestures. Memory recall - long & short impaired. Vision is impaired. Uses eyeglasses. Able to make herself understood sometimes. Understands Others. Sometimes hearing is adequate. Total dependence x 2 & bathing. Total dependence x 2 & grooming/dress. Total dependence & oral care & & pericare. Transfer two or more staff, unable to assist & on ventilator. OOB - RLC as tolerated. S. meadows

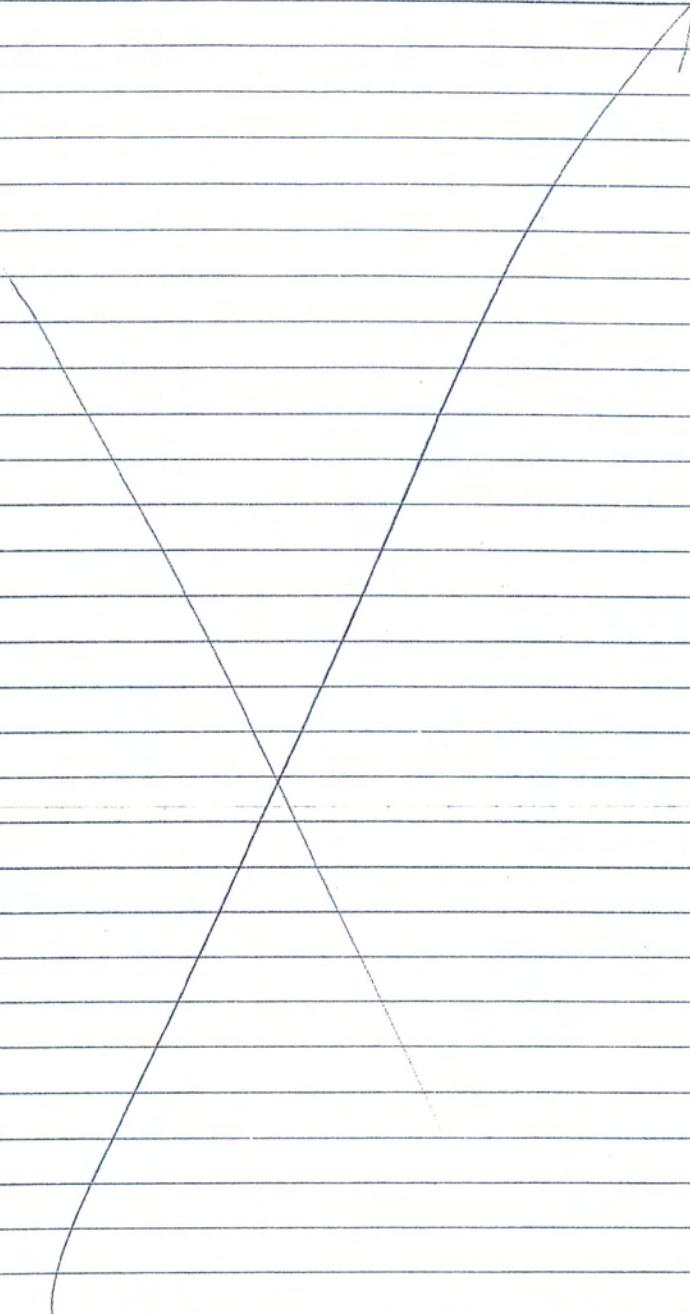
**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, M. ROOM: _____ CHART # _____

DATE TIME	
	moderately alert cont (11-7): diaper sec 9/2° & PHE c turning & positioning. Stage II decubiti to sacrum measure 2.5 x 2.5. MVI Minerals, prostat 601 8th feedings Peraltwe 250 ml per pump @ 45 cc/hr via 8th. SP 8th on 9/10. Tolerating feedings. Currently reclines. Unasyn 1.5 gm 11PB 96° for Cellulitis @ the 8th site and warm soaks to the area. Small amount of redness noted surrounding speech end ordered on 9/13 for swallowing current wt. 138.6 lbs. noted c anxiety @ times & fidgeting & pulling. Alprazolam 1 mg (16° PHE) Proxetone HCL 40 mg qd - Depression Risperidone 0.5 mg HS for psychosis also Percocet 5 tabs @ 5/355 98° per pain. Heparin 5000 units q12° IV Diphthalaxis prednisone 10 mg daily for COPD. Remains heat dependent. No respiratory distress @ this time. Will continue to monitor V/S. 98/68/12 98% 110/110 3/1000 w/o
9/22/08	Neg cls of CNT site provided Resistant to Unasyn, D/C'd Unasyn to start Ceftazidime 1 gram 11PB @ 12H x 10 days will start and observe the effectiveness of Tx. - l. merriman
9/23/08	Neg V/S-100/80/16 100/60 Cooling measures provided at 11° temp. 00B → R/C - CNT tube feedings/meds tolerated well. 2pm Temp 98.8 monitor closely - l. merriman

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

DATE	TIME		
			
		SILVER LAKE-KARRON-000273	

SILVERLAKE-KARRON-000273

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME:

Karron

ROOM:

130h

CHART #

DATE

TIME

Pulmonary Medicine

Name: Karron, M

Date: 9/22/08

Case discussed with staff on rounds.

Ventilatory parameters were reviewed. Vital signs were reviewed.

PIP acceptable

Neurological status the patient is confused

Hemodynamically stable.

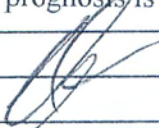
There is a non-specific infection. She is being treated for a G-Tube infection

Patient is not weanable from mechanical ventilation.

This is secondary to severe COPD.

To continue present regimine.

Overall prognosis is extremely poor.


Ralph J. Ciccone III, M.D. FCCP

SILVERLAKE-KARRON-000274

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

[illegible]

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron W ROOM: 1301 CHART # _____

DATE TIME	DSG US 998-78-70 120/70 - 1st dose of Cefotetan started. Heplock intact & patent - warm soaks applied to g tube site as ordered. area remains reddened + I purulent discharge. position orals - local Rx done as ordered + good skin care of I canal done by RKT Kalman ordered topical to leg site 080 as ordered + O disinfect - made comfortable Rmcdonald
09/23/08	DSG 6ps → 983 82/16 100/60. ABT 2 Cefotetan started for GT site infection and am given 600mg. Not feeding tolerating well. Anxiety noted. Teb Ativan given PRN given & ebbed. Turned and positioned. Skin care, pericare, double's care provided. will continue to monitor Rmcdonald
9/23/08 3h	DSG US 1003-80-16 - Sponged bath done + g tube flush as ordered. Heplock intact & patent - IVPS Cefotetan in progress → infected g tube site - no adverse reaction Noted - Position orals - local Rx as ordered - 8pm T 988 made comfortable Rmcdonald
9/24/08 6h	DSG US 983-62-16 106/60. Rpt 7: 99 ² @ 40. 201/13 Cefotetan 20ps for infected g tube site. area remains red. no adverse reaction noted. Anxiety. Ativan given @ 2AM & 4pm. good skin care - pericare provided. T-F 720. will continue to monitor Rmcdonald

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: _____ CHART # _____

DATE TIME	
9/24/18 1000	<p><u>medial</u></p> <p>PT: cellulitis around PBA site</p> <p>O/B skin, white wound</p> <p>clot com</p> <p>PMH</p> <p>MD: PBA site is improving</p> <p>- still a minimal exudate</p> <p>+ no drain hump</p> <p>MD: <u>Cellulitis around PBA</u></p> <p>- seen by GE</p> <p>- ant warm such</p> <p>+ drainage</p>
9/24/18 NSG	<p>34 US 998-80-16 100/60 - -IVPB</p> <p>Cefepime is ordered - to Administer</p> <p>Reduction noted - He block</p> <p>is inserted O hand + Patient -</p> <p>of tube site remains redness</p> <p>2 Pandent dig. pain meds</p> <p>administered</p> <p>Made comfortable</p> <p>Amoxicillin</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Markin ROOM: 130D CHART #

DATE	11/17/08	NSG 4/5 → 9/7 ⁸ 78 16 49/6 110/60 Prot & Epitake
TIME	09:00	1gm IV PB 5 120 in progress for GT & U infection. No adverse reaction noted. H/L intact B-hand. no distress noted this am. Will continue to monitor. Bhand
	9/25/08	Resp. care note.
	11-15	Recovery is NPO, new MD order for oropharyngeal suction as + PRN. A. Labal
	9/25/08	10:45
	11/25/08	US 9/7 - 80-14 - it's block intact & silent. IVPB ceftriaxone improves cellulitis of a tube site. Adverse reaction noted. Resection order - local RX done. EB ordered - 2 dishes - made comfortable. B.MCDONALD
	9/26/08	AS
	6A	US 9/7 - 80-14. 92" 110/60 WPR & Cefotaxime 2g PB for infected b/s site. Area remains st. red. no adverse reaction noted H/L B-hand. good skin care & per care. Tap 820 product. Will cont to monitor. Bhand
	9/26/08	Warding 9A
		Trachea provided area clear skin intact. Alford Hesser
	9/26/08	Med 11:00
		AL seen @ 12:00. Phunk mild improvement G.M. & cells
		VSS check
		RE @ 2:00 PM @ 1:00 PM 11/26/08
		Cellulitis @ VEB site - Mild improvement - well Mon. - Lab. w/ Vamp

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron

ROOM: 1300

CHART # _____

DATE	TIME	Notes
		Nursing 120 Seen by Dr. Brown for cellulitis CT site Area healing well with VCR IVABcont improvement noted Lynda Nash
09/27/08	6m	vs 4/5 - 95 78 16 94% 110/60. ABT Cefazolin 1gm IVPB - 8 120 in progress Cellulitis CT Site - Area healing Fabs Penicillin IVPB Pain Grains effect Athena
9/27/08		<u>Decubiti notes</u> Stage II Sacrum measured 2 x 2 cm - redness around it, small amount of bloody drainage persists getting Silvadone Cream & S. T good results. Decubiti in SI2 - Incontinent of B/B - good skin pericare frequent diaper & and keep her clean as possible. WPB once a wk and bed bath daily. prostat 101, multivitamin & minerals provided after healing of decubitus - Percocet 1 tab q4h PRN for pain & good results. Restless has air mattress. OOB - RLC as tolerated Turned & positioned q2hrs in bed Feeding percutaneous 250cc q4h tolerated well - currently on cefazolin for infected CT site & good results Continue to monitor closely. P. Mammone
9/27/08	10p	vs 9: Temp 100.8 78 12 99% O2 Sat 96 Cooling measures. Repeat temp. 99.6 ABT Cefazolin IVPB. 4/6 Replaced O2 Res MAR. Will monitor Lynda Nash
9/28/08	6m	vs 4/5 97-6-16. 98° 100% TWR Cefazolin for infected CT site in progress. In addition Neosporin nitel. H/R R/L leg intact. good skin care pericare Temp 92° provided. Will continue to monitor Jorge

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

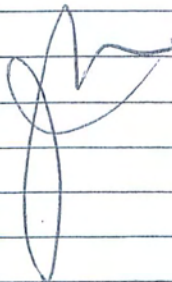
NAME: Karron, man'co ROOM: 130A CHART # _____

DATE	9/28/08	Reg. 7-3 shift
TIME		Vital signs T - 98.7 P - 68 R - 10 BP - 130/70. On Cefotax for infected G/T site. G/T cleansed & BS and Bacitracin applied; site is small amount of pusulent discharge. Will continue to monitor. Inf. K.W.
9/29/08	NSC	
11-2	VS 98.9 72 16	S/P 120/70 Cefotax for infected G/T site. Continuous Tx done as ord. Feeding sat. well all care continues will continue to monitor. <u>Debra Y.</u>
9/29/08		Podiatry Note: Toenails are dystrophic, discolored, brittle and thick. Mycotic toenails are painful and may cause secondary infections/ulcers if untreated Impression: Dermatophytosis toenails Treatment: Debride toenails Recommend: Foot care 2-3 mos. for mycotic toenails <u>Kef/Mex</u>
9/29/08	NSC	
	VS - 100 78 16	120/80 Cooling measures provided for low grade Temp - apm temp 99.8 IVAB Cefotax for site infection cont'd. monitor closely. <u>P. man'co</u>
09/30	Reg. c/s	98.5 50 12 - 98.6 120/60 BS & Cefotax
11/2	IVPB	Continued & no adverse reaction. G/T site & Small discharge noted. Local Tx Bacitracin & BS (cont'd) will continue to monitor. <u>B. Horta</u>
9/30/08	NSC	
3/1	VS 98.8	80 - 16 - He block ulcer S/P BS Cefotax → infected g tube. Site → adverse reaction noted g tube site is sm amt drg & slight redness - local Rx per ordered position of tube → deskers - made comfortable. <u>PMCDanada</u>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: 130 CHART #

DATE	1/5/08						
TIME	4:59 PM - 8:00 PM 1/5/08. WOBBS & Cefotaxime WVPB for infected 47 site. remains slightly red. & adverse reaction noted. good skin care & perineal care. T = 37.2° provided. Will cont to monitor - <i>[signature]</i>						
10/11/08 6A							
10/11/08 0911W	<p><u>Medial</u></p> <p>PT c remaining cellulitis around her PPH site</p> <p>4/8 Wobbs noted, skin</p> <p>chut cm</p> <p>regular</p> <p>Med: cellulitis c significant improvement</p> <p>(data used (9/20/08))</p> <table border="1"> <tr> <td>13F</td> <td>9F</td> <td>2F</td> </tr> <tr> <td>9.3</td> <td>54</td> <td>6.5</td> </tr> </table> <p>MB = (3.1)</p> <p>sp 10 Cellulitis - improving - high count of this</p> <p>③ <u>hypertension</u> - likely 2° infection - will monitor</p> <p align="center"><i>[signature]</i></p>	13F	9F	2F	9.3	54	6.5
13F	9F	2F					
9.3	54	6.5					



SILVERLAKE-KARRON-000281

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Marion

ROOM: 130A CHART # _____

DATE	10/1/08 Nursing Monthly Nurses Notes
TIME	Resident condition that her family, significant other interest in discharge or possibly continue care in an SNF setting. Her cognitive skills for daily decision making is moderately impaired decisions poor cues, supervision required. Both short and long term memories are impaired. Vision is impaired with the use of eyeglasses, magnifying glasses. In speech has the ability to make self understood sometimes and sometimes understand. Hearing is adequate. In ADL's in bathing resident is totally dependent with the assist of two persons. Totally dependent in Grooming and dressing with the assist of two persons. Totally dependent in oral care. Totally dependent in pericare with the assist of two persons. In Transfer requires two or more people due to weight. Unability to assist and least dependability. In Mobility resident is chair fast and wheeled in wheelchair. Totally dependent in bed mobility both supine to sit and side to side. Incontinent of Bowel and bladder. In recreational activities resident has low participation due to immobility. Uses psychotropic Meds such as Paxil, Ativan and Vesperiadol. Uses two and half side rails in bed for self position assist will continue to monitor. Michael Tadmas LPN.
10/1/08	Pulm - pt eval @ the chr vent unit staff Above reviewed Vent parameters, pressures, O2 sats reviewed continue track care, pulm toilet, mobilization not wearable so to severe COPD Dass MD
10/1/08	nursing Trach holder site checked. Skin intact Will monitor. Thonhaus

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: Karron

ROOM: _____

CHART # _____

DATE	TIME	NOTES
10/1/08	3r	NSG US 991-80-12-110/70 - \pm VPB Cefolan as ordered - \rightarrow adverse reaction noted - Infected g tube site - Local RX done as ordered position O.R.s - Bleeding of 3 foal older - good skin & pen core - \rightarrow blisters - made comfortable BMC Donald
10/2/08	6m	NSG c/s \rightarrow 98 $^{\circ}$ SD 16 94% 100% ABT C: VPB-Cefolan Tgm 8/20 Abt Cefolan GT Site - Lost clare gown 6m - no adverse reaction noted. Will observe ATHen
10/3/08	4:3	Resp. care note. Respirator pack changed as per policy for the same #s since no, inserted no difficulties or bleeding noted is is ok, trach care done, no respiratory distress noted. D. Schell
10/4/08		<u>Decubiti notes:</u> stage II Sacrum measured 2x2cm - small amount of bloodish drainage persists. surrounding area red, getting silvadene cream q.s. Incontinent of B/B - good skin, pericare frequent diaper A and keep her clean as possible. VPB once a wk and bedbath daily - provide 101 multivitamin & minerals provide it for healing of decubitus - pericare itab all PEN for pain - good results. SP Cefolan for tube site infection Nasidone have airmate line or COR \rightarrow R/C as tolerated - Turned position of 2hrs in bed Feeding peristaltic 2oz c Abt tolerated Tidley for

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: Carson M ROOM: 131A CHART #

DATE	TIME	DESCRIPTION
10/6/08	Ref Care	Son (Kenney) called for service @ 5pm Today never showed waited till 8pm

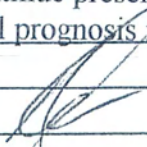

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

[illegible]

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: 130 CHART # _____

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 10/7/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is lethargic
		Hemodynamically stable.
		There is no evidence of acute infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regimine.
		Overall prognosis is extremely poor
		
		Ralph L. Ciccione III, M.D. FCCP
10/8/08	1045	<p>medical</p> <p>pt remains vent dependent & increased anxiety</p> <p>to who's asked, shh</p> <p>Pls medical</p> <p>clnt. aware BS BS</p> <p>#1 at 80m</p> <p>MP: (1) <u>Chronic Resp Failure</u> - as per pulmonary</p> <p>(2) <u>Anxiety + chronic pain</u> - int present</p> <p align="right"></p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE TIME	
10/9/08	<p>10/9/08 - nsc. Resident noted Rashel groin/perineal care, ordered Nystatin cream to groin/perineal area @ .5. will start and observe the effectiveness of TX. —————> t.mamm</p> <p>Concert given by D-L Flu Vaccine given Temp 98.4 (RN will monitor x 48hrs @ 10:22)</p>

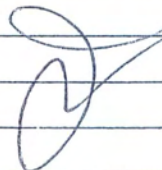
10/9/08	<p>nucleol</p> <p>pt is nasal dependent + high mb for the collection</p>
---------	--

to which used

to which used

4th Vent dependent

- Flu vaccine



10/10/08 Assessment notes

Resident remains Vent dependent alert to name responsive to all stimuli. Cognitive skills for daily decision making not orally impaired Short term long term memory impaired Uses eye glasses Hearing adequate. Resident sometimes understands/understood. Total assistance of ii for bathing grooming dressing and pericare - Total assist of one in oral care. Two in

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Marion ROOM: 130A CHART #

DATE TIME	
	more people for Transfer as resident is unable to assist vent diaper. DOB → Rfc as tolerated. Incontinent of AB. Good skin, pericare frequent diaper & anal keep her clean as possible. WPA Once a wk and be bath daily. Stage II sacral Decubiti getting Silvane Cream & c.c. good results. On risperidol 0.5mg HS for psychosis Paxil 40mg for depression. Entube intact getting Bacitracin to site. Fee of ing est percutive 250cc BtH tolerated well. On metoprolol 25mg BtH, B.p taken prior the administration of medication. On Heparin for DVT prophylaxis. Percocet 1 tab BtH PRN for pain & good results. Family visits often - Vital signs stable - Continue to monitor closely and report any Δs in resident's Condition. C. Mamm

10/11/08 Decubiti notes.

Stage II sacrum measures 2x2cm clean, slight redness around. Small amount of bloodish drainage noted, getting Silvane Cream P.N.S wash & c.c. good results. Incontinent of AB. Good skin pericare frequent diaper & anal keep her clean as possible. WPA once a wk and be bath daily. prostat 101 multivitamin & minerals provided for healing of Decubiti - ~~sts~~ Percocet 1 tab BtH PRN for pain & good results. Fee drop percutive 250cc BtH tolerated well. Resident has airmathness. DOB → Rfc as tolerated Turned & positioned q 2hrs in bed. monitor closely for Δs.
C. Mamm

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

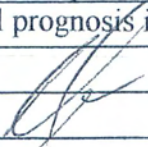
NAME: _____ ROOM: _____ CHART # _____

DATE	TIME	DESCRIPTION
10/13/98		<p>Resident has G tube now - no attempts to pull the tube. Do not need hand muttons. No obtained so D/C the hand muttons.</p> <p><i>[Large handwritten X across the page]</i></p>

SILVERLAKE-KARRON-000289

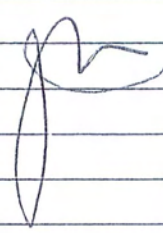
**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron M ROOM: 130A CHART # _____

DATE	TIME	NOTES
		Pulmonary Medicine
		Name: Karron, M Date: 10/13/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is lethargic
		Hemodynamically stable.
		There is no evidence of acute infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regimine.
		Overall prognosis is extremely poor.
		
		Ralph J. Ciccone III, M.D. FCCP
10/24/08	1059	3m US 100 ² - 76-10 sponged bath + tube flush es ordered position & ris - good skin per care provided - 8pm T 98.6 - made comfortable Benedict
10/18/08	1047	6m 48.98 - 78 16 10/60 good skin care - per care 7-8 p 32° provided. RST 2 4h - Jany

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: _____ CHART # _____

DATE	
TIME	
10/15/08	Medical
1005	Pt c some resp distress Cautiously receiving a neb treatment
	4% low peak temp 100 ² yesterday RR=22
	chest: exp wheezing c ↓ air movement w/it SOB MD: sub out Bedlene
	MP: <u>wheezing c mild resp distress</u>
	- give dose of salmeterol + albuterol
	- ✓ CXR
	x if no improvement then → OK.
	
10/15/08	neg
	Seen by Dr. McCarroll ordered solumedrol 8mg WPBXI now CXR, CBC CMP, Bc, UA & I's. For SOB & monitor
10/15/08	neg
	V/S - 99.1 76 16 110/60 HL inserted (R) hand - solumedrol 8mg given for SOB c good results. Labs CXR pending. es Tube feeding/meal tolerated well - monitor closely. Pneumonia

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: Carson merion ROOM: 1307 CHART #

DATE	TIME	NSG
10/15/15	10p	NSG: @ 50B. v/s 98 37.6 16. 110/70 I will monitor ———— SRR (AO CPN)
10/15/15	NRH	Received CXR result from the afternoon. Resident is afebrile & no distress @ this time. Received IV SoluMedrol 80mg x1 this morning while being evaluated by Dr. McCarthy. Call placed into Dr. McCarthy's service. Still awaiting call back. ———— → Have
10/16/15	NRH	NSG 145 → 98.2 34 14 90/60 CXR result RLL pneumonia. Dr. McCarthy with call waiting. No distress at 1600 AM. Lab result pending. Urine specimen obtained for UA. Will monitor closely. ———— Admin
10/16/15	Nursing	SP SoluMedrol CXR results RLL pneumonia spoke with Dr. McCarthy orders for Rocephin 1gm & Avelex 400mg x1 today will monitor for effectiveness. ———— Admin
10/16/15	NSG	V/S - 99.6 82 16 110/60 1st dose of Avelex / Rocephin given for RLL pneumonia. ETT tube free, lungs clear, no adverse reaction noted. ———— P. M. M. M.
10/16/15	NSG	US 99 - 80 - 16 - IVPK Avelex / Rocephin improves R & L pneumonia to adverse reaction. ———— g. tubes feedings tolerated well. (B) B's - positioned & this - hecal RX done as ordered. to deslers. Made Comfortable. ———— P. M. M. M.
10/17/15	NSG	V/S 98.8 - 80 - 16. 98.8 110/60. 2nd dose Avelex / Rocephin for RLL pneumonia. no adverse reaction noted. P. M. M. M. good skin care & per care provided. Will continue to monitor. ———— g. m. p.

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE	TIME	
10/17/07		Med Note
		Pl seen @ bedside - H. H. Pl. resty cont'd
		VSS - Leth
		PE Hwt - RH
		Resp - @ core BS L/B
		B/B - BBS 24/26
		ET - ch
		CPM - RLL Pw/len 50/1
		PA Pw/len - Rgt Lm Lds
		P - - Right 7th rib Kelly
		- Ant - Ruler / Ruler
		- 11/12/12
10/17/08		Nursing. V/S 98.5 80 16 110/60, resident continuing on A/B A/Bx,
(7-3)		roception for night Lobar pneumonia. resident alert, all due meds and
		tube feeding given and tolerated well, AM care rendered by staff, resident
		made comfortable, IV infused well, line patent, site clean, No sign of
		infection, will continue to monitor. Michael Tadros, RN
10/18/08		Nsg
11-7		V/S 98.9, 84, 12, 98.1. RR 120 (70
		A/B Continued for pneumonia. No adverse
		reaction noted. H/L data set in (R) hand
		no infiltration. Incontinent care
		rendered. made comfortable
		humo 4 p
10/18/08		Decubili notes -
		Stage II. Sacrum
		measures 2x2cm clean
		small amount of blanching drainage
		getting silverdome cream P/W wash

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Marion ROOM: 130A CHART #

DATE TIME	
	<p>o.s. & good results. Incontinent of BLB good skin pericare frequent diaper & not keep her clean as possible. WPR once a week bath daily probiotic multivitamin & minerals provided for healing of Decubitus. Percocet 1 tab q8h PRN for pain & good results. Resistant here air machine. DOB-RFC as tolerance of Turner of positional 24hrs in bed. Feeding perative 20cc q8h tolerated well. monitored closely. ————— P. marion</p> <p>Nursing note</p>
10/18/08 11:00	<p>U/S 98.2, 80/16, 02 97%, BB 100/60. IV inserted in right @ 6g IVAB Kephne Combined Avelex in place / 6g Pneumonia. Incontinent can be handled. NO adverse reaction noted after IVAB will continue monitor ————— to monitor</p>
10/19/08 10:30am	<p>Recovery Res. continues stable feeding of Perative 20cc q6h flush & 10cc of H₂O - total calmer - 1300cal plus additional calmer of 203cal from Pruitat 10/30cc T.O. Feeding is tolerated well. No evidence of malabsorption noted. Current wt. is 135lbs. as of 10/18/08 - Stable. Hydration is good. Decubiti Stage II sacrum 2x2cm - on Pruitat and MVI & minerals for healing. Labs 10/15/08 albumin (3.2) WNL. Some abnormalities but stable. Will continue Rx feeding & supplement as tolerated Will monitor feeding tolerance, wt. changes, lab hydration & skin integrity. (medul cor)</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron

ROOM: _____ CHART # _____

DATE	TIME	
10/19/08	5:25	98.4, 84, 16 ab Avelex & Rocapha continued for all pm, n. Tube feeding tolerated well. All Tx rendered as ordered. No resp distress noted. Will monitor. ————— @ Hospital
10/20/08	10:50	NSG 80 - 16 - 100/60 IVPK AKT impropres - & adverse reaction pos. to orals - local Rx done as ordered - & tube feeding tolerated well. (P) B.S. - to discontinue made comfortable B McDonald
10/21/08	NSF	VIS - 98.6 82 10 100/60 HIL inso (P) hand IVPB Avelex given. extube & orals/no ab tolerated well. monitored closely. ————— @ Hospital

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME:

Karron, Marion

ROOM:

2130A

CHART #

DATE

TIME

Pulmonary Medicine

Name: Karron, M

Date: 10/21/08

Case discussed with staff on rounds.

Ventilatory parameters were reviewed. Vital signs were reviewed.

PIP acceptable

Neurological status the patient is confused

Hemodynamically stable.

There is a pneumonic process.

Patient is not weanable from mechanical ventilation.

This is secondary to severe COPD.

To continue present regimine.

Overall prognosis is extremely poor.


Ralph I. Ciccone III, M.D. FCCP

SILVER LAKE SPECIALIZED CARE CENTER
INTEGRATED PROGRESS NOTES

NAME: Karron

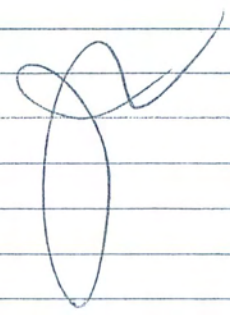
ROOM: 130A CHART # _____

DATE	TIME	MONTHLY nursing note:
10/21	11-7	Remains very dependent Alert & Oriented moderately impaired decision making memory recall long & short impaired VISION impaired, requires eyeglasses oph. eval PRN. Able to make herself understood sometimes. Able to understand others sometimes. Handling adequate total dependence x2 bathing & total dependence x2 grooming. total dependence oral care & pericare x2 daily. Transfer type of morel C/PB → Recliner chair daily as tolerated. Incontinent of bowel & bladder diapered sex 4x & 4 PRN turning & positioning noted in gait to times. Risperdal 0.5mg 8T HS. Paxil 40mg 8T daily for depression. Ativan 4mg 8T QID PRN. 8T feedings relative 250cc 8T Q6 on pump @ 95 to 100 current WT 135 lbs. Stage II Sacrum measures 2x2 cm. Glucocort 5.325mg 7 tabs Q8 wash QS. Percocet 5/325mg 7 tabs Q8 PRN pain turning & positioning prostat 101 30.4 J110. VS 98/60/16 96% 110/80 SMO OAP
10/22		NSG vs → 98/60 16 96% 110/80. ABT = Rofexin 1/Arvelox IVPB in progress R/L Pneumonia. NO adverse reaction. Turned and positioned SMO Care per care club's Care provided. GT feeding to be well. will continue to monitor. <u>Arthur</u>

NAME: Karron, M.

ROOM: BOA

CHART # _____

DATE	TIME							
10/22/08	10:15	<p><u>Medrol</u></p> <p>Pt seen + examined + chest roomed</p> <p>No significant changes</p> <p>U/L with noted, Adh</p> <p>P/R unchanged</p> <p>Lehs 10/15/08</p> <table border="1"> <tr> <td>144</td> <td>94</td> <td>50</td> </tr> <tr> <td>5.3</td> <td>35</td> <td>0.6</td> </tr> </table> <p>(144)</p> <p>6.7 / 27 (233)</p> <p>Adh ① <u>hyperglycemia</u></p> <p>- ✓ A1C</p> <p>② <u>hematuria</u> - will monitor</p> 	144	94	50	5.3	35	0.6
144	94	50						
5.3	35	0.6						
10/22/08		<p><u>vs</u></p> <p>Seen by DR. recently ordered CBC c/m, HbA1c on 10/24/08 to F/U H/H. H/H on 10/15/08 was 9.0/26.6 no S/S of bleeding noted monitor closely. <u>U. nrm</u></p>						

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: Karron Marion ROOM: 130A CHART # _____

DATE TIME	
10/23/08 6:45A	NSG - 98.2 - 84 - 16 - 98% - 100/60 - ABT Anelox / Rocephin ongoing for RLL pneumonia. in & distress. hypoxia on L heel prnt + infect & & signs of infection. will monitor - I isolate.
10/23/08 3P	NSG VS 98 - 80 - 10 - DVPB Anelox / Rocephin as ordered - for RLL pneum & adverse reaction - position orth good skin care - local RX as ordered - & distress - made comfortable imcdonald
10/24/08 6am	NSG vs → 98 80 16 mat 97% 120/70. Lpt top 2987 ABT = Anelox / Rocephin DVPB for RLL pneumonia X today last time Rocephin given to bdm. No adverse reaction noted. Teased and positioned skin care, dubits care provided. monitor closely Athens
10/24/08 1015	<u>Medical</u> Pt seen & examined No significant changes To whom used this No medical TSH < (11) Am <u>hypothyroid</u> - will ↑ synthroid to 100mcg - & TFR in 4 wks

INTEGRATED PROGRESS NOTES

NAME:

Karron, Marion

ROOM:

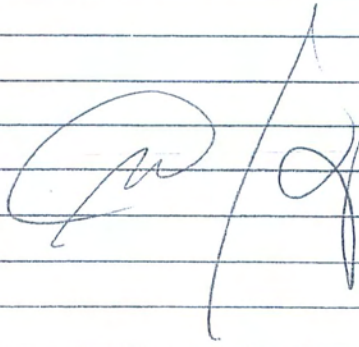
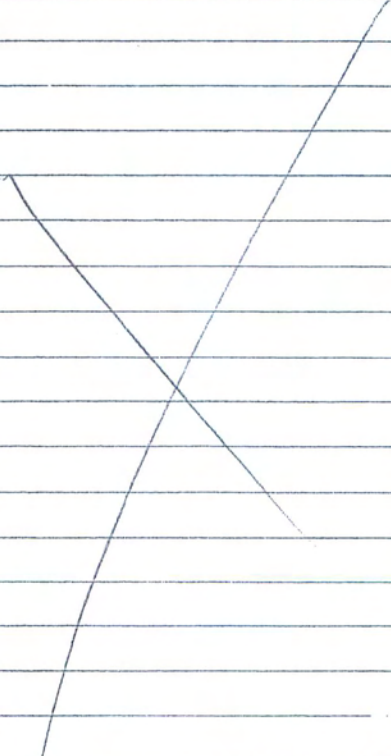
138

CHART #

DATE	10/24/08 7-3 shift
TIME	Lab renewed by Dr. McCauley - sending to Synthron Endocrine + PHU T/F's on 11/24/08. → MR
10/24/08	NSG VLS- 98.7 80 16 110/60 HIL(R) hand IVAB Ave lox can't cl. monitor closely e. mamon
10/25/08	6/5 → 6/5 → 98.1 80 16 120/60. Last dose of Receptor given 6/5am. No adverse reaction noted during therapy. Turned and positioned cubits can put care provided. No distress noted this time. Will observe. — A. mamon
10/25/08	<u>Decubiti notes</u> - Stage II Sacrum measures 2x2cm ± small amount of bloodish discharge getting Silvadene Cream 0.5 Incontinent of AB. good skin, perine frequent diaper and keep her clean as possible. cupB Once a wk and bealbatb clearly. provide 101 multivitamin & minerals provided for healing of Decubiti. percorat itub 8/11 pm for pain & food results - Resident has air mattress. OOB → R/c as tolerated Turned & positioned 2 hrs in bed. Fee seeing per active 250 cc 8/11 tolerates well. 5/p IVAB Ave lox/Receptor for pneumonia - monitor closely for A's. — e. mamon
10/25/08	NSG VLS- 98.2 80 16 120/70 last dose of Ave lox given 11:5 am. extube feedings made tolerated well. monitor closely. — e. mamon

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

DATE	TIME
10/27/88	add MRB
	PT script sent, PT history completed
	VSS - daily
	PE - Hw RN
	Wg CTM LRS
	MW from SA
	Ag - Arlene skel. at bed
	if with notes
	
	

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: _____

Karron M

ROOM: _____

CHART # _____

DATE

TIME

Pulmonary Medicine

Name: Karron, M

Date: 10/27/08

Case discussed with staff on rounds.

Ventilatory parameters were reviewed. Vital signs were reviewed.

PIP acceptable

Neurological status the patient is arousable

Hemodynamically stable.

There is no evidence of acute infection.

Patient is not weanable from mechanical ventilation.

This is secondary to severe COPD.

To continue present regimine.

Overall prognosis is extremely poor.

Ralph J. Ciccone III, M.D. FCCP

10/29/08

1035

Medical

pt seen + examined & chart reviewed

the significant A

q6 vitals unob, Afib

chest exam

lung

and sput

Calculated

141	160	43	442
(8.6)	36	2.6	

9.7	229
103 / 302	

1. (1) hyperkalemia - mild

- ✓ request

2. name mild

- will monitor

SILVERLAKE-KARRON-000302

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

DATE	TIME	
10/29/08		Nsg seen by DR. McCarthy overlooked CBC comp H/H/A/C on 10/30/08 no Flu CBC.
10/29/08		nsg VLS-100.1 260 16 110/70 Cooling measured provided for low grade temps - apm Temp 98.4, monitored closely. ——— E. mamon.
10/31/08		Mud Nsg Pl seen (S) at Resty Caddy USS delly HE No drug Lbs K+ up to 4.7 H/H still a 93/207 At Chemi - will add wti ✓ / CO ₂ P TKI still x 4.7 will V. last
11/1/08		Decubiti notes - Stage II Sacrum measured 2x2cm clean, small amount of bloodish drainage getting Silvadone Cream & S FNIs wash - Incontinent of B/B - good skin pericare frequent diapers and keep her clean as possible - w/pB once a wk and bath daily. prostat 101, multi vitamin & minerals provided for healing of Decubitus pericoast iTabag It proN for pain & cool resullis - Re patient has air mattress - DOB → R/cas idesated Turned, position of B/B's in bed

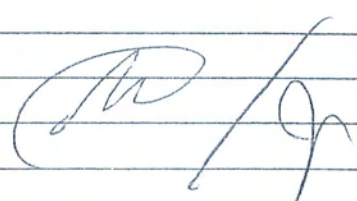
Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: Kerson manion ROOM: 130A CHART #

DATE	TIME	Assessment notes
11/1/08		<p>Fee along percutaneous access well. monitored closely for A's. - T. Mammey</p> <p>Resident alert oriented to name responsive to all stimuli, cognitive skills for daily decision making moderately impaired long term short term memory impaired Uses eye glasses. Sometimes understands understood. Hearing adequate - Total dependent of 1 for bathing grooming dressing and pericare - Total dependent of 1 for care - Two or more people for transfer as resident is unable to assist & vent dropped. OOB - KCCU's bladder - Incontinent of B/R</p> <p>Good skin pericare frequent diaper and keep her clean as possible up B once a wk and bath daily. On Arivan 1mg q6h PRN for anxiety & good results. STube intact. Fee along percutaneous access well. STube site slightly excoriated, getting malodorous. identical care pericare provided q's & PRN - Stage II Sacrum getting silvadene cream & good results. 2 1/2 side rails for positioning propping. On metoprolol 25mg q12h B.pt pulse taken prior the administration of medication. On Heparin for DVT prophylaxis. Percocet 1tab q8h PRN for pain & good results. Vital signs taken daily and urine - Family visits daily. Continue to monitor closely and report any A's in resident's condition.</p> <p>T. Mammey</p>

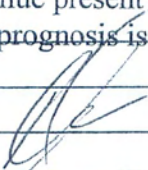
INTEGRATED PROGRESS NOTES

CHART #

DATE	
TIME	
11/3/08	Mech N66 Pls see p label Chd record USS left DK - Hunt RA Lys L 35 @ 12:45 pm Ash Schuster PRCG
	$\begin{array}{r} \text{HBL } 6.3 \times \frac{93}{23.7} = 202 \rightarrow 5.7 \times \frac{7.7}{29.6} = 1.4 \\ \text{R-M-L } 4.7-75.4 \end{array}$
	<p>AJ - Brown old opus P will all be made</p> <p>Burke KL J & R Bono</p> <div style="text-align: right;">  </div>
11/3/08	<p>Labs reviewed by M. Bono P.A. Order made for CBC, BMP on 11/9/08. Will continue to monitor.</p> <p style="text-align: right;"><i>[Signature]</i></p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron M ROOM: 130A CHART # _____

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 11/3/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is lethargic
		Hemodynamically stable.
		There is no evidence of acute infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regimen.
		Overall prognosis is extremely poor.
		
		Ralph J. Ciccone III, M.D. FCCP
11/3/08		<u>Decubiti notes -</u>
		Stage II Sacrum measured
		2x2cm ± small amount of bloodish
		discharge, Clean getting silvadone
		cream PMS wash a.s. Incontinent of
		BIB. Good skin pericare frequent
		diapers and keep her clean as
		possible. WPP Once a wk and
		bedbaths daily. Prostat 101
		multivitamin minerals provided
		for healing of Decubitus. Percocet
		1 tab 4x4 pain for pain is good result.
		Resident has a roommate.
		DOB → RLC as tolerated.
		Turned, positioned 2 hrs in
		bed. Feeding percutaneous
		250 cc abt 10/15/08 well.
		Albumin level is 3.2 on 10/15/08.
		Continue to monitor closely for 25-40 mmHg

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

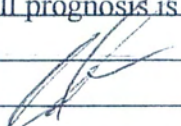
NAME: _____ ROOM: _____ CHART # _____

The figure shows a graph on lined paper. The left vertical axis is labeled 'DATE' and 'TIME'. Two curves are plotted: one starts at the top left and curves down to the bottom right, while the other starts at the bottom left and curves up to the top right. They intersect near the center of the graph.

SILVERLAKE-KARRON-000307

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron M ROOM: 130A CHART # _____

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 11/10/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is confused
		Hemodynamically stable.
		There is no evidence of acute infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regimine.
		Overall prognosis is extremely poor.
		
		Ralph J. Ciccone III, M.D. FCCP
11/10/08	37	<p>NSA</p> <p>Monthly Nursing Assessment</p> <p>Went dependent - Cognitive</p> <p>Skills for daily decision making</p> <p>Moderately impaired. Long term</p> <p>& short term memory impaired</p> <p>Hearing adequate - Resident</p> <p>uses eye glasses. Able to</p> <p>understand others @ times</p> <p>Requires total care & ADL</p> <p>needs assistance for Bathing</p> <p>Dressing, per care, grooming</p> <p>Assist of one for oral + nasal</p> <p>care.</p> <p>Requires assist of 2 for Bathing</p> <p>as pt is unable to assist</p> <p>2 to went dependent. W & B done</p> <p>weekly. Bed Bath done</p> <p>daily. Incontinent of B & F</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE	TIME	OS9
11/10/08	37	<p>function impaired for accident Good skin to per care turned to position & this - Stage II decubiti Sacrum receiving Silvadene Cream Q 5 p MS Wash Q 6 h → Recline chair as tolerated - Receiving g-tube feeding of formula 250cc Q 6 per enteral pump @ 55cc HR. Falloped by 100cc H₂O → g tube site a slight excoriation - Receiving maale OS9 Q shift - Heparin 5000 units S-Q Q 12 on Percocet 5mg/35mg TAB Q 8 p hr for pain & results Alvan 1mg Q 6 p hr for anxiety Risperdal 0.5mg @ bedtime for psychosis & Pamel 40mg QD for depression. Prestat 10/1 30cc F10 for to enhanced nutritional status - on Senna 2 TABs wa g tube dialy for constipation Fleet Enema Q 3rd p hr Methoprel 25mg Q 12 p hr for HTN Bp + pulse monitored w/ L Resident has 2 Y 2 side rails in bed for positioning & propping. Vital signs monitored w/ 10 dishes - Comfort & safety maintained McDonald</p>

11/11/08	7-3	<p>OS6 All area under track collar inspected. No skin impairment noted. → Pass</p>
----------	-----	---

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Karron

ROOM: 1304

CHART # _____

DATE	TIME								
11/12/08	0955	<p><u>Medical</u></p> <p>Pt seen + examined + chart reviewed</p> <p>No significant changes</p> <p>% Utech noted, Ateb</p> <p>chart. w/ann BS Blk</p> <p>Plat SSN</p> <p>MJ. sub</p> <p>cells noted (11/9/08)</p> <table border="1"> <tr> <td>142</td> <td>102</td> <td>57</td> <td rowspan="2">(165)</td> </tr> <tr> <td>4.8</td> <td>33</td> <td>0.6</td> </tr> </table> <p>7.5 $\sqrt{9.3}$ $\sqrt{27.6}$ 1.4</p> <p>MP: ① <u>Hypertension</u></p> <p>- will continue to monitor</p> <p>- Ate On 10/30/08 = 5.8</p> <p>② <u>Anna</u> - slow decline</p> <p>- will monitor</p> <p>- ✓ shot glucose</p>	142	102	57	(165)	4.8	33	0.6
142	102	57	(165)						
4.8	33	0.6							

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE	TIME	
11/12/08	1015	<p><u>Medical</u></p> <p>Notified by staff that pt sitting in chair breathing heavily</p> <p>90 RR=26 P.O. 87%</p> <p>↓ BS All</p> <p>Anal</p> <p>Oronclon</p> <p>MP: Acute resp distress</p> <p>noting</p> <p>- scheduled 12mg IV P.O.</p>
11/12/08	2pm	<p>seen by Dr McCarthy for SOB ordered Solu-medrol 12mg IV PBX1 dose also ordered CBC Iron studies 11/16/08 V stool for occult blood, 20' H/H-9.3/27.6</p> <p>monitored closely</p> <p>Resident noted ↑ temp 101. Breathing is better now with Solu-medrol I.V. Called Dr McCarthy. TLO obtained to do CXR, CBC & BMP p-to-day. Will flip - Theobromine</p>
11/12/08	(3pm)	<p>Nursing vs 101 80 16 120/60, Resident had an episode of SOB</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Mann

ROOM: 13A

CHART # _____

DATE TIME	NSG:
11/12/08 11p	CXR (+) and Avlox 400mg ST QD x 7 days Rocephin + 8m IV QD x 7 days, ordered. Initial doses administered and no adverse reactions noted. VS - 97/82 16 140/80. Distress will monitor. <u>Silo dpo -</u>
11/13/08 6a	NSG VS 99 ⁵ - 80 - 16. 97 ¹⁰ 110/60. ZVAB 2 Avlox / Rocep. 2nd (+) CXR in progress. no adverse reaction noted. H/O am intat. 4. Distress noted. goal ski can & per can. T2/T3 ² provided. Will cont to monitor.
11/14/08 6am	NSG VS 98 ² 80 16 95 ¹⁰ 110/60. Dist. Rocep. vs b/m and Rocephin 1400. QD in progress for CXR. no adverse reaction noted. Turned and positioned Skin Care, doubts Care provided. Will continue to monitor. <u>At home</u>
11/14/08	Mile W/O Pt seen + del rev. Pt resty safely VSS - del RE N/A H/L RA Lup P/B/B/Cam BS D-1 R/L S/L/W/S L/S/D/L/S
	W/S 10.4 / 247 100 / 318 141 / 100 / 54 / 235 5.2 / 37 / 0.7 CM R/L Prem
	R/L Prem - shk - m/r - V/R/CBC Tuss / Prem T/bm Rocky - 20 to 30 h - m/r Monitor / 9

SILVERLAKE-KARRON-000312

~~SILVERLAKE-KARRON-000313~~

~~SILVERLAKE-KARRON-000313~~

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Marion ROOM: 130A CHART #

DATE	TIME	Notes
11/15/08	2:35pm	<p><u>Dietary:</u> Per. continues g tube feeding of Peative 250ml q6h H₂O flush of 150cc q6h on enteral pump at 95cc/hr Total cal - 1300 plus an additional cal 303 cal from Prontal 101 20cc TID. TFEV - 1600ml. Feeding is tolerated well and 100% meeting the daily nutritional needs. Hydration is good. Bleedbits. Stage II sacrum 2x1.5cm on Prontal + MVI minerals for healing. Current wt. is 120.8 lbs. as of 11/12/08, BMI - 18.2. JIPW (145-165) Alb level 3.2 WNL as of 10/5/08. Labs 11/12/08, ↑glu (239) ↓urea (10.4), ↓K₂O (3.29), ↓HCO₃ (10.4), ↓HCT (31.5) - stable. Will continue current feeding + supplement as ordered. Will continue to monitor vit. changes, feeding tolerance labs, hydration + skin integrity. <u>Glue Delivered</u></p>
11/16/08	6A	<p><u>NSG</u> Ys 99-80-12. 96" 90/60. UDB & avelex/. Roapin for CXR. in progress. no adverse reaction noted. Hk intact. good skin care & pericare provided. Will continue to monitor <u>g tube</u></p>
11/17/08		<p><u>NSG</u> Ys → 99 4 80 12 96h 90/60. ABIZ IV P.B Rocephin and Avelex 400mg bid in progress. Hk intact. reported to @ hand. Turned and positioned skin care & d/b care provided. No distress noted this time. Will continue to monitor <u>Ashtu</u></p>
11/17/08		<p><u>Nursing</u> Resident noted with gradual wt. loss on Peative 250" q6hrs. Had edema, now decreased. Also on WAST for Pneumonia. Discussed & dietitian. Recommended to increase GT feeding to 250" q 4hrs. will observe and monitor for tolerance. <u>Ala hushu</u></p>

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

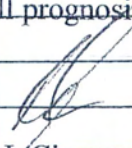
NAME: _____ ROOM: _____ CHART # _____

[illegible]

SILVERLAKE-KARRON-000315

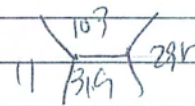

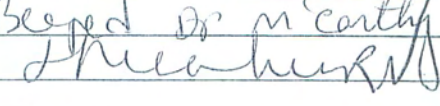
**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron M ROOM: 1304 CHART # _____

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 11/17/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is lethargic
		Hemodynamically stable.
		There is a pneumonic process.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regimine.
		Overall prognosis is extremely poor.
		
		Ralph J. Ciccone III, M.D. FCCP
11/18	6m	NSG 95 → 95 ⁸ 82 16 97 100/60. MBT = Rocaphin 18m x 1-V PB- x 7 days and Arule 400 gm in a cdt 7 days for Pneumonia Last dose of Rocaphin given @ 6 am. No adverse reaction noted. Turned and positioned. Skin Care double Care provided. Monitored closely - Attaman.
11/18	10a	NSG V/S - 99.1 80 16 100/60 Last dose of Are'lox given this AM entube fee alings 1 meals tolerated well. monitor closely ——— l. m. m. m.

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE TIME	
11/19/08 0920	<p><u>Medical</u></p> <p>pt seen + examined + chart reviewed pt heard @ CxR 11/12/08 + S/P IV Am v 744</p> <p>1/10 vials noted, thick</p> <p>clerk: wound vs BL 1/10 50m MD: suit</p> <p>CxR noted CxR: RUL pneumonia (11/12/08)</p> <p>11/16/08 </p> <p>MP: 10 Pneumonia - ✓ repeat CxR</p> <p align="center"></p>
11/19/08	<p>Nsg</p> <p>Seen by Dr. McCarthy Ordered CxR + 6 F/U RUL pneumonia - S/P Avelox oral Reception for RUL pneumonia p. mammogram</p>
11/20/08	<p>morning</p> <p>F/U p. chest X-ray result shows RUL pneumonia Healed - mid SOB noted - Referred Dr. McCarthy will F/U</p> <p align="right"></p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Marion ROOM: 1304 CHART # _____

DATE	TIME	NOTES
11/20/08	11:20	MRGmg Dor. McCarty called back and Tpo given to start on Avelox 400mg WLB qd + 10 day Maxipime 1gm WLB q12hr x 10 day for RLL pneumonia. Will continue to monitor. Jtha-hurk
11/20/08	NSG	VLS-98.9 80 16 100/60 HIL insertal (R) hoinal. IVAB Avelox maxipime 1st dose given. es Tube feeling made tolerated well. Continue to monitor closely. Jtha-hurk
11/20/08	31	NSG US 984-82-16 - IVpb Avelox / maxipime to adverse reaction - Hefflock infiltrated is inserted at hand position Oylis - Local Rx done as ordered - O desfers - made comfortable. Voedegost feed order B McDonald
11/21/08	6am	NSG US 98 84 12 98% 100/60. ABT 2 Avelox / 1gm Maxipime 1gm q12hr x 10 days RLL pneumonia 6am dose given as per order. Apptm Lited Alivan Pongrinos = effect. Turned and positioned. Skin Care, dubits Care provided. monitored closely. Jtha-hurk
11/21/08	0930	Medical Pt had repeat CXR 11/19/08 that showed RLL pneumonia Pt just finished a course of Avelex + reception 90 Ateb, WLBs noted Pb analyzed Last WBC = 11K MR ? RU unillike - just finished course of IV Abx + WBC not significantly ↑'d + no fever - will hold on Abx + monitor Jtha-hurk

SILVERLAKE-KARRON-000318

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karren ROOM: 130A CHART # _____

DATE	11/21/08
TIME	7-3
	<p>11/21/08 Hx - cxx result showing COPD, (2) LL pneumonia. Dr. McLaughlin signed to D/C all ABX ✓ CBC 11/23 → Home NSG VLS-100.5 82 16 110/60 Tuleh 14 Cooling measures provide of for lowerable temps. ESTube feedings mod tolerable of well 2-2pm Temp 100, Cooling measures repeatable. Continue to monitor closely. ————— P. mammos.</p>
11/21/	<p>NSG monthly assessment note. Resident not dependent remains alert and responsive to all stimuli. Cognitive skills for decision making. Severely Impaired. Short/Long memory poor. Vision adequate - eye glasses. Hearing adequate Total dependent of all areas of ADLs - two assist for bath pericare, one - dressing oral care. Required two people assist for transfers due to not dependent unable to assist incontinent of B/LB. frequent pericare changes provide d. GT feeding & pericare 20cc q 4h via pump g/sceps and tolerated well. 2(±) side neck r when in bed positioning pump on S/P MTC Avelox/ Cephpic 10. for pneumonia. Resident has Stage II decubiti on Sacrum getting Silvadene dry g/s & PRN resident is on pain management & Percocet PRN for pain & effect. Tabs Ativan 1mg 5 60 PRN for agitation & anally given & effect. Tab Paxil 10mg 1x c/s 24h daily depression. Tab Risperdal 1mg crush via 6h 5 Hs. for depression. VLS stable. Weight in mmtned weekly current is 130.8 lbs ————— After</p>
11/22/08	<p>Decubiti note - Stage II Sacrum measures 2 x 2 cm - small amount of brownish drainage getting Silvadene cream q.s. - Incontinent of B/LB - soiled skin pericare frequent diaper soiled repeat clean as</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Mann ROOM: 130A CHART #

DATE TIME	possible - CPR once a wk and bath daily. provide 101 mmHg minerals provided for healing of decubitus. percolator Q&H PRN for pain. Good results. Resident has air mattress. OOB → R/C as tolerated Turned positioned Q2 hrs in bed. Feeding positive 28cc Q4H tolerated well. Continue to monitor closely. P. Mann
11/23/08 10:11 AM	neg VS 100/80 / 2 100/60. Cough measures seen. Subcutaneous edema. 80 mmHg distal noted. Will monitor D333
11/23/08 11-7	NSG VS 99/80 - 16. SP Arterial. No adverse reaction noted Slept all night. Alert and responsive. — b/k and the 1st
11/24/08	Med W Pt seen Q2 hrs, relieved, Pt resting easily VSS stable PE - 3/4 Lgt 160 / 10.1 / 33 3.1 Cxlt BW (-) A. Arterial → will have Cxlt Chin Pri will care at Point
11/24/08	neg Seen by PA Bruno evaluate CBC results H/H-10.1/3.1 Ordered to repeat CBC — Emma

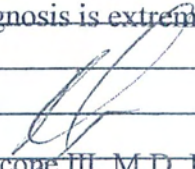
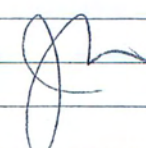
Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

[illegible]

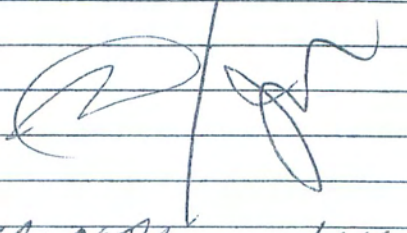
**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, M ROOM: _____ CHART # _____

DATE TIME	
	Pulmonary Medicine
	Name: Karron, M Date: 11/24/08
	Case discussed with staff on rounds.
	Ventilatory parameters were reviewed. Vital signs were reviewed.
	PIP acceptable
	Neurological status the patient is lethargic
	Hemodynamically stable.
	There is no evidence of acute infection.
	Patient is not weanable from mechanical ventilation.
	This is secondary to severe COPD.
	To continue present regimine.
	Overall prognosis is extremely poor.
	
	Ralph J. Ciccone III, M.D. FCCP
11/26/08 6:55	<p>Medic</p> <p>PT seen & examined & chest reviewed</p> <p>No significant AS</p> <p>96% O2 sat, ABG</p> <p>Flow unchanged</p> <p>(obs noted (11/26/08) 7.8 (9.6) 29.6 244</p> <p>TS4 = (3.66) —</p> <p>AP (1) <u>immune</u></p> <p>- will monitor</p> <p>- stable</p> <p>(2) <u>hyperthyroid</u> - TS4 now nl</p> <p>- will monitor</p> <p></p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE TIME	11/26/08 - NSG - Green by DR McCarthy order of CBC from studies in school last H/H 11/28/08 9.6/29.6, TSH 3.66, order of TSH in 4 weeks. _____ P. mem mor-
11/27/08	NSG V/S - 100/6 76/16 100/60 Tylenol & cooling measures provided for T temps - 8pm Temp 98.2 tube feedings / meals tolerated well Continue to monitor closely. _____ P. mem mor-
11/28/08	Mod NSG Pl sec + exam. Pl ch review V/S - @ Bx 101 PE @ LBS LBS add M - R/L exam new spg Temp not T with TB V/CB 
11/28/08 11/29/08	NSG Accident was by M. Brown / A 80 Temp / All premona. order order 4pm WB 9d Xid & Myxoma 7pm WB 9d Xid HL inserted into @ and. I started order & spargue given as ordered. V/S 101-6-14 100/60. Tylenol & cooling measures given distention noted, will monitor 8pm 8pm Temp 100. Tylenol & cooling measures given. Complete call given. Distention 8/3/03

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: KARRON merion ROOM: 130A CHART # _____

DATE	TIME	NOTES
11/28/08		<p><u>NURSING</u> 9/15 98.9-80-14- B/P 110/60. avelex & maxipime continued for RLL pneumonia. B tube feedings given & tolerated. incontinent care provided. Turned & positioned q 2h. made comfortable as much as possible. will observe closely. ————— The doctor.</p>
11/29/08		<p><u>Decubiti notes</u> - Stage II sacral Decubiti measured 2x2cm a small amount of bloodish drainage getting Silvadone cream & S.E. good results. Incontinent of RIR. good skin pericare frequent diapering and keep her clean as possible. WPB Once a wk and bed bath daily. Prostate 10, multivitamin & minerals provided for healing of Decubitus. percocept 1 tab q 8h per for pain & good results. Resident has air mattress - OOB → R/c as tolerated. Turned, positioned q 2hrs in bed. Feeding percutaneous 200cc q 4h tolerated well. currently on IVAB Avelex / maxipime for RLL pneumonia. Albumin level is 3.3 on 10/30/08. monitor closely for Δ's. ————— P. merion.</p>
11/30/08	117	<p>ASg 45 → 98.7 80 12 97/60 110/60. ABIZ Cefepime 1gm and Avelex 400mg IVPB in progress for RLL pneumonia no adverse reaction. Turned and positioned. Per Care and Skin Care provided. NT feeding tolerated well. ————— Althea</p>
12/1/08	51h	<p>ASg 45 99-78-10, 97/60. 120/60. WOB & avelex / maxipime for RLL pneumonia WPB in progress no adverse reaction noted. good skin care & pericare. Tsp 320 provided. 5h feeding Tol. Well. & distress noted. ————— gyl</p>

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

DATE	TIME	12/1/08 - Assessment notes
		<p>Resident alert oriented to name responsive to all stimuli. Cognitive skills for clearly decision making moderately impaired. Long term short term memory impaired. Uses Eye glasses - Resident sometimes understands/understood - Hearing adequate. Total dependant of ii for bathing grooming & dressing and pericare. Total assistance of i for oral care. Two or more people for transfer as resident is unable to assist + vent dependant. DOB → Rfc as tolerance of Incontinent of BB good skin, pericare frequent diapers and keep her clean as possible. Resident is on active imf abt PRN for anxiety & good results. ENT tube intact, ENT tube site getting maculose. Feeding peristaltic good and tolerates well. No signs of dehydration @ this time - Oral care provided as PRN - Stage II Sacrum getting Silvane Cream & good results. 2 1/2 side rails & bed for positioning & propping. melaxpolol 1mg q12h for BP - BP monitored prior the administration of medication. On Heparin for DVT prophylaxis Percocet 1 tab q4h PRN for pain & good results. On Levothyroxin 50mcg daily Labs monitored and WNL. Currently on IVAB Arelox/Maxipime for RLPneumonia. Vital signs & PRN and WNL. Family visits often - Continue to monitor closely and report any A's in resident's condition. ——— L. M. M. M. M.</p>

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: Carson merrion ROOM: 130H CHART #

ROOM: 13017 CHART #

DATE	TIME	
12/1/08		Mehl WSC
		Pl seen e bnd chd revint
		VSS - alert
		PK BS :
		Head RA
		Long LBS Adh (dy)
		Mm silk patch
		End of line
		CBL $\frac{8.7}{30.1}$ $\frac{1.15}{1.15}$
		AP - Pneumonia - in Amb P ~ with Mehl WSC
		R / JA

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: 4 CHART # _____

[illegible]

~~SILVERLAKE-KARRON-000327~~

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: _____

Kann in

ROOM:

130A

_CHART #

DATE _____

TIME

Pulmonary Medicine

Name: Karron, M

Date: 12/17/08

Case discussed with staff on rounds.

Ventilatory parameters were reviewed. Vital signs were reviewed.

PIP acceptable

Neurological status-the patient is lethargic

Hemodynamically stable.

There is no evidence of acute infection.

Patient is not weanable from mechanical ventilation.

This is secondary to severe COPD.

~~To continue present regimine.~~

Overall prognosis is extremely poor.

~~Ralph J. Ciccone III, M.D. FCCP~~

12/1/08
37

10 Sq

37

VS 982-80-16 - DVB Envelop

Magnitude \rightarrow Right measure - 2

Adverse Reaction Naled -

Colonized steel - soft, low yield

made comfortable functions

12/21

IVSC C

6m

NSQ ops \rightarrow 989 82 10 100/60. PBTZ 1V PB Dvlox/

Cepipime 7.0 purgens. No ad verse reaction noted till

And - (N) FOOT on feeding to males well with CR - Alpha

12/2/08

Neg

Vls - 100.5, 80, 10, 100 | 70 Tylenol/d

Cooling mechanisms provide of for \uparrow Temp


Central - 2000 Temp of 8.1. es Tube feeding

meals to eat at well - minutes

Les 14.

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: 130P CHART # _____

DATE	TIME	
12/2/08	6am	Med. TP from McCarthy - BXT consult for Lab Change DBB
12/3/08	6am	Wsg 95 → 98 78 76 97 110/60 - NOT = Anelox / Cephrine 1gm IVPB in progress. No adverse reaction w/ AT feeding tube also w/ Turner ad/positioned per Care, dubio Care provided ———— THANK
12/3/08	0915	<p><u>Medical</u></p> <p>pt seen + examined + chest reviewed</p> <p>no significant dx</p> <p>46 weeks old, Hdx</p> <p>chrt. Bt wheezing</p> <p>RKH</p> <p>MD. sub</p> <p>MR. Chronic Resp Failure <u>Chest Dependent</u></p> <p>- ENT eval for bad A.</p> <p>- add salbutamol in wheezing</p> <div style="text-align: center; margin-top: 20px;">  </div>
12/3/08	Neg	<p>Seen by DR. McCarthy for SOB</p> <p>oxygenated Solome also, 1asmp IVPB</p> <p>OD x 3 days DIC prednisone</p> <p>will start and observe the effectiveness of TX ———— E. marmar</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Marion ROOM: 130A CHART #

DATE	TIME	Notes
12/3/08	7-3	Phys. Exam not. Respirator has episodes of SOB. AB reveals wheezing. Albuterol given per c. @ 2es, O ₂ sat ↑ to 94%. sent by MD, cont on AB therapy. Solumedol ordered 125mg Q24h x 3 days, will closely monitor. ————— J. Holaday
12/3/08	NSG	V/S - 100/48/16 100/60 Cooling measures provided for low grade Temp. IVAB Avelox and maxipime for pneumonia Cont'd. Solumedol 12mg given as ordered & good results. SpO ₂ Temp 99.2 Continue to monitor closely. ————— J. Holaday
12/3/08	10 P	Maxipime 1000 administered v/s 98.6/82/16 100/74. O ₂ distress. H/K intact will monitor ————— SAC & CPN
12/4/08	07	NSG v/s 98/82/16. 96% SpO ₂ . 100/60. 2000 ABZ avelox / maxipime in progress for R/L pneumonia. no adverse reaction noted. Solumedol Cont. & Resp. distress noted. good skin care & pericare. Temp 99.2 provided. Will cont to monitor ————— J. Holaday
12/4/08	NSG	34 US 99/3-80-14 - IV PB ABT as ordered - for R/L pneum. ————— adverse reaction noted. Reflex intact & patient in position & this good skin. O ₂ distress made comfortable. ————— J. Holaday
12/4/08	6am	NSG v/s 98/78/14 110/60 96% SpO ₂ . ABT & Avelox / maxipime Continue & no adverse reaction noted. General & pericare provided. GT feeding tolerated well. No distress noted this hour. Will continue to monitor - J. Holaday
12/4/08	8am	H/K intact. Resolved to L foot ————— J. Holaday

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, H. ROOM: _____ CHART # _____

DATE	TIME	NOTES
12/5/08	7:24 AM	NSG 45 98-78-16 100/60. Last day of scheduled given Avelox/Maxipime in progress. H/L @ foot cluster now will monitor <u>guy</u>
12/6/08	6A	NSG 45 98-80-16. 96% 100/60. ZVABZ Avelox/Maxipime TPB for pneumonia s/p scheduled. no adverse reaction noted. good skin care peri care. Temp 37.0 provided. H/L B foot intact. no distress noted. Will cont to monitor <u>guy</u>
12/6/08		<u>Decubiti notes -</u> stage II Sacrum measured 2x2cm ± small amount of bloodish drainage getting Silvaderm Cream @ 5 - Incontinent of B/B, good skin pericare frequent diaper changes and keep her clean as possible. W/PB once a wk and bath daily. Prostat 101, multivitamin & minerals provided for healing of Decubitus. Percocet 1 tab q4h prn for pain & good results. Currently on VAB Avelox/Maxipime for B/L pneumonia. Resident has air mattress. OOB → R/C as tolerated. Turned position d @ 2hrs in bed. Feeding percutaneous 250cc @ 4H tolerates well. Albumin level is 3.3 on 10/31/08. Monitor closely for Δ's. <u>P. Mammor</u>
12/6	10P	A/B 100% 2° pneumonia no adverse reactions & distress V/S 98/78/14 140/70 <u>Sure</u>

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: Karron Marion

ROOM: 1307 CHART #

DATE	TIME	NOTES
12/6/08	12:00 PM	Wsg. c/s → 12m W 94 80 12 98 16 1307 10 Urm Rpt Temp → 98.9. ABT 2 Avelox / Cefepime 1U Prox 10 day 3 for pneumonia last dose of Cefepime given @ 6am. No adverse reaction noted. Turned and positioned skin care, pericare provided. Rthorn
12/7/08	8 AM	Wsg. 45/100 80 16 100/60 Last dose of Avelox - RLL pneumonia given Maxipime in progress. Cooling measures given. State feeding to well. 3m up 100. Cooling measures given. Distress noted. Will monitor Rthorn
12/7/08	10 PM	Wsg. V/S 99.1 88 16 110/68 IVAB Maxipime last dose given. No adverse reaction noted. PM care provided and made comfortable in bed. No resp. distress noted @ this time. will continue to monitor. W/C 12-7 -
12/8/08		Med NDB Pt seen and Pt in VSS - all ok PE - Lungs Hx - R/L Lungs (C/M) Asteroid AP - Pharynx - old n. Mx IP - with 2nd and 3rd 2nd solid with 1st 1st Chin - 1st 1st 1st - 1st
12/8/08		Wsg. Seen by PA Bruno S/P Solumedrol 201, ordered to start pre anesthetic home via ENT @ DX 5 days, will start anal Observe

SILVERLAKE-KARRON-000332

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE TIME	Notes
	The effectiveness of TX. — P. m... 12/8/08 - Nsg. VLS - 99.4 80 16 120/80 1st day SIP Avelex maxipime for pneumonia Slight SOB prednisone 40mg given a good results. Continue to monitor closely. — P. m...

12/8/08
7:3

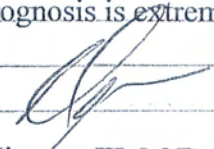
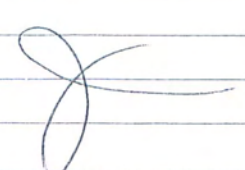
Respiratory Therapy
Tracheostomy Tube changed by ENT
Consultant Dr. Bhyanni

Date: 12/8/08

RT Sig.: *[Signature]*

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: Karron M ROOM: _____ CHART # _____

DATE TIME	
	Pulmonary Medicine
	Name: Karron, M Date: 12/8/08
	Case discussed with staff on rounds.
	Ventilatory parameters were reviewed. Vital signs were reviewed.
	PIP acceptable
	Neurological status the patient is lethargic
	Hemodynamically stable.
	There is no evidence of acute infection.
	Patient is not weanable from mechanical ventilation.
	This is secondary to severe COPD.
	To continue present regimine.
	Overall prognosis is extremely poor.
	
	Ralph J. Ciccone III, M.D. FCCP
12/10/08 7:30	Resp. Care note. Physician has a new order to add PEEP +5 to vent settings. <i>H. Label</i>
12/10/08 0910	Medico Pt seen & examined & chest removed in syngut clips Yo Webb used, shh Pls unclipped lebs, whd (12/9/08) 6.6 (104) / 223 (32.4) Mr. Harris -start Rm syngut hub Rm Lm
	

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE TIME	12/10/08. Nsg - Seen by DR. McCarthy, Ordered Ferrus Sulfate 32mg via GT @ 12H for VH/H - 10.4/32.4, will start and observe the effectiveness of TX. _____ C. marmar.
12/10/08 nsg	monthly nursing assessment note. resident remain vent dependent, alert and oriented to name, cognitive skills for daily decision making/ moderately impaired. Short and long term memory poor. Vision adequate eye glasses. Hearing adequate. she requires total assistance & ADL. 2 person assist for oral care, combing etc: and 2 person assist for dressing, diapering, pericare, etc: 2 person assist for transfer and WPR. Bed bath given daily and WPR, provided & T. w/cty. OOB to p/dxous as tolerated. Resident is on G-tube feeding perative 250 ml Q4hrs = H2O 150 ml Flush via entiral pump @ 95cc/hr. w/cty w/ls monitored present w/ls 186.1 lbs. incontinent of B/B. 8 level skin /pen care provided skin integrity in good. G-tube site cleaned & w/ls Qshift & prn. She is on pericath sm/32mg 1 Cat via GT Q4hrs prn for pain & Xanax 0.25mg @ 12hrs for anxiety paxil 40mg QAM for depression, Risperdal 0.5mg @ Bed time for psychosis. Rt provided to Sacral decubitus. Turned & positioned q4hrly. Resident is on Air mattress. Respiratory care provided. V/ls monitored q/shift & prn. 2 1/2 side rails & while in bed for positioning & propping. Good Family Support noted. made comfortable as much as possible. Will continue to observe for any changes in general condition. S/p ABT for pneumonia. S/p sulfamethoxazole-pyrimethamine 400mg via GT x 5 days since 10/8/09 till 10/12/08. will continue to monitor closely _____ Jm oleider

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Muriel

ROOM: 130A

CHART #

DATE

TIME

Pulmonary Medicine

Name: Karron, M

Date: 12/15/08

Case discussed with staff on rounds.

Ventilatory parameters were reviewed. Vital signs were reviewed.

PIP acceptable

Neurological status the patient is lethargic

Hemodynamically stable.

There is no evidence of acute infection.

Patient is not weanable from mechanical ventilation.

This is secondary to severe COPD.

To continue present regimine.

Overall prognosis is extremely poor.


Ralph J. Ciccone III, M.D. FCCP

12/16/08 NSG

3-4

CNA's noted RR, & distorted R lower
ankle, no redness, & swelling, & warmth
no overt S/S pain. RR. Denies pain
when asked. Will order X Ray in the
AM & have MD eval. → Ref

12/16
10p

ALBZ.
X-Ray @ ankle ordered to R/O FX.
deformity noted no pain noted
Shirley O'Brien

12/21
6am

NSG G/S 100 80 16 110/70 Rpt 1 up 4 on 1005
Tidal volume 600 ml/min as ordered. No distress
noted this time. Will continue to monitor. Bk, Rn

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE TIME	
12/17/18	Med N520
	PT seen on wks. all round. PT mildly responsive
	VSS rds
	PE - B. able to hold and
	Powellly @ 10/10/18. (Partly m...)
	@ 10/10/18 with 2x
	PT - ? Delivery of @ 10/10/18
	1 10/10/18
12/19/18	Med N520
0830	PT had x-rays of @ ankle
	no chum trauma
	to wks noted
	PT undraged
	X-rays 12/18/18 = DTD, in fms
	@ ankle - well number

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Mann ROOM: _____ CHART # _____

DATE TIME	
12/12/08 0945	<p><u>Medical</u></p> <p>Pt seen + examined + chart reviewed</p> <p>Pt is w/ complaints</p> <p>90 Aff. Vitals noted</p> <p>Alert, conscious</p> <p>chart: CMA @ 10:00 hrs</p> <p>#125 50M</p> <p>Med: Sub, 12/MD, PPH</p> <p>Alt: <u>COPD Exacerbation</u></p> <ul style="list-style-type: none"> - resolved - pulmonary eval to see if pt requires chronic prednisone
12/12/08	neg
12/12/08 10:00am	<p>Dietary:</p> <p>Res continues Perative 20ml q4h with H₂O flush of 150ml q4 at 95cc/hr. Total cal - 1950 cal, TFL - 2100cc. Feeding is tolerated well. Current wt - 136lbs. BMI - 19.0 - on acceptable wt. range. Hydration is good.</p> <p>Skin - Recumbent Stage II Pressure sore measures 2x2cm on Perineal 101 30cc TPO an additional caloric of 300 cal/day. She also receives MVI & minerals for additional nutritional support. Labs 12/09/08 (LBC(3.2), WBC(10.4), PLT(32.0) - on Vit B₁₂ due to hx of ETOH Citrus Ca - for osteoporosis. HTN - well controlled - on Melopressol. Will continue Rx feeding as tolerated Monitor vit. charges + nut. related labs. <u>Medical</u></p>

SILVERLAKE-KARRON-000338

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE TIME	Notes
12/13/08	Decubiti notes Stage II sacrum measuring 2.5 x 2.5 cm. Clean, small amount of bloodish drainage. Getting Silvadene Cream & s/p NLS wash. Incentive of BIB. good skin perine Frequent diaper & anal keep her clean as possible. w/PB once a wk and bed bath daily. provide 101 multivitamin & minerals provide for healing of decubitus. perocet tab q4h prn for pain & good results. Resident has airmattress - DOB -> R/c as tolerated - Turned position q2hrs in bed. Feeding percutaneous 20cc q4h tolerates well. monitor closely for D's. E. mason.

12/14/08 NJG:

7-3 Skin under track collar inspected. no redness or problems noted -> 20min

12/18/08
OSJ

meds

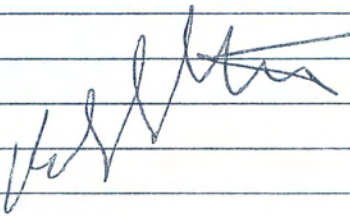
Cycle with Lm

9

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

DATE	
TIME	
12/17/08	<p>Podiatry Note:</p> <p>Toenails are dystrophic, discolored, brittle and thick. Mycotic toenails are painful and may cause secondary infections/ulcers if untreated</p> <p>Impression: Dermatophytosis toenails</p> <p>Treatment: Debride toenails</p> <p>Recommend: Foot care 2-3 mos. for mycotic toenails</p>
	<p>Podiatry Note:</p> <p>Non-professional care hazardous due to circulatory impairment.</p> <p>Findings: pedal temp change noted; thin, shiny skin feet; feet red on dependency; absent pedal hair; burning in toes periodically</p> <p>Impression: onychia, PVD</p> <p>Treatment: trimmed elongated toenails</p> <p>Recommend: prophylactic foot care 2-3 mos. for PVD</p>
	

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

[illegible]

NAME: Karron, Marion

ROOM: 10A CHART # _____

SILVERLAKE-KARRON-000342

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

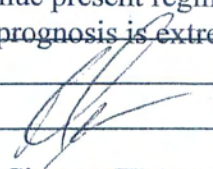
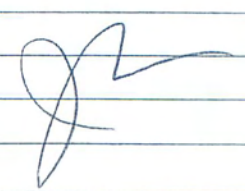
NAME: _____ ROOM: _____ CHART # _____

[illegible]

SILVERLAKE-KARRON-000343

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron M ROOM: 130A CHART # _____

DATE	TIME	NOTES
		Pulmonary Medicine
		Name: Karron, M Date: 12/22/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is lethargic
		Hemodynamically stable
		There is no evidence of acute infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regimine.
		Overall prognosis is extremely poor.
		
		Ralph J. Ciccone III, M.D. FCCP
12/23/08	NSG	VLS-100/48/216 100/60 Cooling measures provided for low grade Temp. 2pm Temp 99.9 - ent tube feeds maintained well. monitor closely P. mmmmm.
12/23/08	1005	<p><u>Mediated</u></p> <p>Pt seen & examined & chart reviewed</p> <p>no significant changes</p> <p>1/2 Abols inted 992</p> <p>Pto mediated</p> <p>Cels inted (12/23/08) → TFR 10</p> <p>no hypothyroid - no Δs to significant</p> 

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

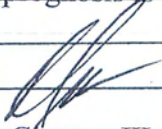
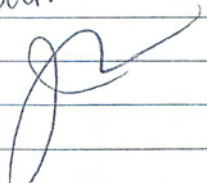
NAME: _____ ROOM: _____ CHART # _____

DATE	TIME	Decubiti notes 12/27/08
		<p>Sacrum stage II measures 2x2cm - small amount of up² bluish discharge getting silvery cream & c. p. Nls crust. to good results. Incontinent of B/R - good skin pericare frequent diaper & anal keep her clean as possible. WPB Once a wk and bath daily. Prostat 101 multivitamin & minerals provide of for healing of Decubitus. Percocet 1 Tab q4h for pain & good results. Resident has air mattress - OOB 10:15 as tolerated Turned & positioned @ 2 hrs in bed! For sleep Percutiv 250 cc @ 4H tolerated well monitor closely for Δ's. ————— P. Mammor.</p>
12/28/08	NR	<p>V/S - 100.3 80/12 Cording measures provide of for favorable temp. & p. Temp 99.9, E/Tube & c. along line all tolerated well - monitor closely. ————— P. Mammor.</p>

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: Kerrison ROOM: 1201 CHART #

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 12/30/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is lethargic
		Hemodynamically stable.
		There is no evidence of acute infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regimine.
		Overall prognosis is extremely poor.
		
		Ralph J. Ciccone III, M.D. FCCP
12/31/08	0910	<p>medical</p> <p>Flt of @ ankle minor injury</p> <p>no new swelling</p> <p>% not used</p> <p>flw unchanged</p> <p>@ ankle abnormal</p> <p>12/31/08 → @ ankle injury → severe degenerative dz</p> <p>- m. (A)</p> <p>Mr. @ ankle injury - will monitor</p> 

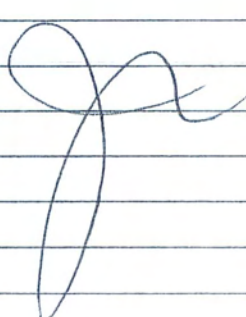
**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE TIME	
1/11/09 11AM	<p>Resident admitted to home.</p> <p>Cognitive skills for daily decision making moderately impaired. Decisions poor.</p> <p>Short & long term memory impaired. (wears eyeglasses)</p> <p>Sometimes makes not understood & understood when spoken to. Hearing adequate. Hb > 4C.</p> <p>As tol requires assistance & transfer. Requires total care & BLS - bathing & per care & assist. out, nail care & dressing & assist.</p> <p>Substance of BLS. Good skin & per care given. Turned & positioned q 2 hrs.</p> <p>Resident has facial decubiti Stage II measures 2x2cm in amt of breakdown. dig noted & low per noted. Requiring silvadene or p hscrub. Resident on Tussel 325.</p> <p>Has gp mistake. No per pain & good results.</p> <p>Resident on air mattress. Resident on Milt mtrals qd & frost at 30-70 to promote wound healing. Resident on Pericare 25cc q 4h @ 2x/1h va pumps.</p> <p>Wash q 15cc H₂O q 4h. W/brush weekly.</p> <p>Current wgt 133lbs. Bed bath daily. Resident on Alvan. Inq gp. Nocturnal per activity. Resident on Percodol q 4h for depression & neuropathic pain. Resident on Synthroid 20mg q 24h for Hypothyroidism. Resident on Alvan. Take 2 tabs qd for constipation. Laxoscan 20mg q 180 for HTH. BPOpues WVC. Resident on Phurad 20mg qd for COPD. Resident remains not dependent. Pulmonary sounds adequately. Currently on charge BSS. BSS Resp/candida. Disturb noted. All monitor. D 3/2/09</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Mann ROOM: 130A CHART # _____

DATE TIME	
1/2/09 1010	<p><u>Medical</u></p> <p>Pt seen & examined & chest exam</p> <p>No wheezing noted. Hx</p> <p>No unchoked</p> <p><u>Mr. Clinician</u></p> <p>-rechecked puncture</p>
	
01/3/09 6am	<p>NSF ops → 996 so 16 100/60 92 Sat 96/60 Arise OT.</p> <p>blush as ordered. Cerebral measures provided. Tended and positioned. SLEO Care, dubits Care provided & Rpt temp → 996. Will continue to monitor temp → AHA-K</p>
1/3/09 11:30 AM	<p><u>Nursing</u></p> <p>As per pharmacy, T/6 obtained from Dr. Mc Carthy to change the time of Feosol to 10 AM & 8 PM for absorption of Calcium. Thank you</p> <p>8 Discharge roll: Resident has partial denture Stage II measures 2x2mm & 1mm graft to dermal surface. A Paul odor noted. Feosol 350mg & 1500mg in. Resident on Percocet 335 & 1500mg for pain & good results. Resident on</p>

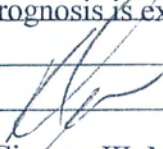
Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

DATE	TIME	REMARKS
11/5/69	NSg	<p>arrived 08:14 a.m. at. Incontinent of BB Dry/med/low oxygen system¹ positioned & on. Resident on Resting 250 cc. g.v. Dilated well. Resident on Restat 101 300 cc. TD & Mucial. g.d. to promote wound healing Albumin 100 3.5 10/30/68. WBC 10000 Fed 10/30/68</p>
		<p>Vls-10015 78 12 110/60 Tylenol & cooling measures provided for low grade Temp. 2pm Temp 97.6, mentel & lossy.</p>

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 1/5/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is chronically vegetative
		Hemodynamically stable.
		There is a non specific infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regimine.
		Overall prognosis is extremely poor. We will check a CBC, cultures and an CxR.
		 Ralph J. Ciccone III, M.D. FCCP
1/5/09		Pulmonary rounds done by Dr Ciccone - Pt c P temp 100.5 Ordered CBC Bld CxR 2 CXR UA 9 C/S - US 102.5 - BUN - 16 TBP 90/60 - Tylenol 4 Spinged g-tube flush as ordered Penicillin 2000s - local RX due Repeat temp 100 - made comp evaluable Bmctdmd
1/6/09		Resp OK 59 91 82 16 130/80 Bld CxR 2 CBC CR Penicillin, urine Specimen obtained - on 4/10 off. thick large amt of Secretions Suctioned, Nebulizer Tx given. Tunnel and positioned, Skin Care, dubili Care provided muller-bm
1/6/09		NSG V/S - 101.9 80/16 100/60 Tylenol cooling measures provided for ↑ Temp 28 CxR done - Decubili Care provided. 1 to Tube Feedings/meals

SILVERLAKE-KARRON-000350

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: _____ CHART # _____

DATE TIME	<p>tolerated well - 2pm temp 101.3 Tylenol cooling measures repeated - monitor closely. - P. mammals.</p>
1/6/09 3-11	<p>NSG ⊕ CXR = R.M.L infiltrates - to Dr. McLeary for ABT - Maxipime 1500 q 12 x 10 days to Anesth & IV - q 4 x cooling. Per. continue to 9 temp 103.2 in monitor. → 2pm</p>
1/6/09 10p	<p>Initial dose Anesth 400mg IV and Maxipime 1500 IV. Subq as ordered for R.M.L infiltrate. No adverse reactions V/S 103 80/16 102/70. Tylenol & cooling measures. Repeat temp 101.6. Tylenol & cooling repeated. Will monitor</p>
1/7/09 6am	<p>NSG 6p → 101.4 80/16 110/70. Tylenol given. Cooling measures provided. 1st 1/2 dose of Anesth. 1st 1/2 dose of Maxipime 1500 x 10 days 2nd dose of Maxipime Given. 1st 1/2 dose of Anesth. Will continue to monitor - 1st 1/2</p>
1/7/09 USN	<p><u>Medico</u> PT zero + secured + chord removed PT Dr'd T RML infiltrate 48 wch wch T new 1004 clnt. comm ns bli RML ml. silt obs wch cax (1/6/09) = RML infiltrate ME Mr. Purnell - on tv 10p - call number</p>

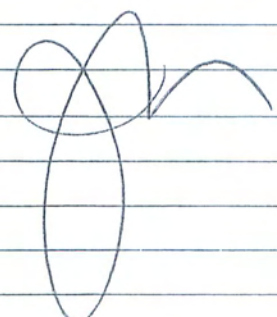
**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron marrison ROOM: 130A CHART #

DATE TIME	
1/2/09 5:11	NSG US 984-8u-16-144/90 Heplock infiltrated - re inserted (B) band + patient - IVPB amoxicillin + maxipime as ordered - adverse reaction Noted - Wt (B) ml pneumonia position of this - No cal Rx done as ordered - made comfortable M. McDonald
1/2/09	NSG US 992 20 B/P 110/60 IVAB amoxicillin/maxipime continues for pneumonia - 4/12 pneumonia (B) band maxipime reaction noted & distal noted all line removed will continue to monitor - M. McDonald
1/8/09	NSG Stage II Decubiti for worse now slight yellow slough noted on the side - Tx id to w/ moist silvadene around it. will observe the effectiveness of tx. Currently on IVAB amoxicillin/maxipime for pneumonia On Air mattress - Multivitamin & minerals provided 101 provided monitored closely. - J. marrison
1/8/09	NSG V/S-100/6 80 16 120/60 Tylenol cooling measure's provided for low grade temps. Decubiti care provided. apm Temp 101.3 Tylenol cooling measure's repeated - IVAB amoxicillin and maxipime for RML pneumonia cont'd. monitor closely. - J. marrison
1/8/09 3:51	NSG US 987-8u-16-IVPB amoxicillin + maxipime as ordered - adverse reaction - Heplock intact of patient. position

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: _____ CHART # _____

DATE	TIME	NOTES
1/8/09		NSG Q-My - Local Rx done as ordered distress - made comfortable Report temp @ 8pm 100.8 Tylenol ↓ Temp ↓ Distress - made comfortable BMLD made
1/9/09	6H	NSG YS 98° - 82 - 16. 99% 110/60 WAB 2 Avelox 1. Max: p.m. WAB for RML pneumonia in progress. no adverse reaction noted. Pt intact on L arm. good skin care & pericare. Top & p provided. Will cont to monitor Rept: 100° & 4A. tylenol & cold sponge bath give
1/9/09	1200r	Medic Pt on 7 evening & chest removed Pt in Pneumonia in Aug 90 Vitals Intake, Phospho Pte analyzed Mx Pneumonia - Fresh urine of My - VCo ②
		

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron merron ROOM: 1307 CHART # _____

DATE	1/9/09	NSG	VLS-100.9 86 14	110/70	Tylenol &
TIME					cooling measures provided for ↑ temps
					IVAB Ave lox / maxipime for RML infiltrate
					cont'd. Decubiti cone provided. E tube
					see orders / made tolerated well.
					apm temp 99.9 cooling measures repeated
					monitored closely. ————— P. merron
1/9/09	NSG				
3m	US	101	86 - 14	- 110/60	- tylenol
					& spaced - g tube flush
					as ordered. No black infect
					& patent - IVPB Ave lox &
					maxipime as ordered for RML
					infiltrate & adverse
					reaction noted - position
					OK - good skin & per
					care - Repeat temp 99.6
					made comfortable P. McDonald
1/10/09	Nursing				
11:00am	US	99.2	P 80. R 16. 29.8	110/60	A/B 7U PB maxipime
					and Ave lox continued as ordered NO
					adverse reaction noted. Incontinent
					care rendered. made comfortable
					G tube flushing in progress. Tolerated well.
					will continue monitor S. merron
6:30am					
					4am Temp 100.7°F Cooling provided
					tylenol given kept resident & quiet
					Alimofone given at 6:30 am and kept
					monitored ————— S. merron
1/10/09	Res				
11:30am					
					Decubiti note: Resident has small
					decubiti stage II measure 4x3cm x 1cm
					and of depth. It is noted that the noted
					decubiti is located on the sacrum
					incident on Percutaneous 28° for
					per. Good results present on air
					mattress. 28° as tolerated. S. merron
					of 10/10. Good skin. S. merron
					positioned. 28° for. Resident infirmary

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: 106A CHART # _____

DATE	TIME	230 cc 34" H ₂ O. Resident on Prestat 101 3cc. 07.0 & M/C manuals fed to promote wound healing. Albumen level 3.3 10/3/08. W/B on 1st day. 2nd day. Resident current on IVAB (AveLox) Maxipime for RMC infiltrate. Will exit to monitor status.
1/10/09	10p	NSG VS 101' 82/16 110/60. (Qx cooling measures repeat temp 99.8) IVB cont. NAD. Will monitor SLA (SUN)
1/11/09	6am	NSG Qx 99.4 82/16 120/60. ABT 2' eye prime 8m + AveLox 400mg IVB. in progress. Turned anal positioned. Skin care. dubits care provided. AT feeding estimated well. CT flush on ordered. Will obs - Admin
1/11/09	7-3	NSG Skin under tract collar checked - no skin problems noted. → 26°C
1/11/09		NSG VS 100.3 80/16 110/70 Cooling measures provided for low grade temps IVAB AveLox maxipime for RMC infiltrate Cont'd. estube fee clings/meds tolerated well. 2pm Temp 99.3, monitor clousu. P. mamm.
1/11/09	31	NSG VS 101.8-80-16-110/70 - Tylenol 5 sponged bath - 9 tube flush as ordered - position 8 hrs - Local RA done qst ordered - Deplock intact & patent - IVPB AveLox & maxipime as ordered - 8, adverse reaction - Repeat temp 99.1 - made comfortable RMC should

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron merion ROOM: 130A CHART # _____

DATE	11/11
TIME	11/11/09 10:13-16:37 10/16 Tylenol & cold sponge bath given. No. 2. Avelox 1. maxipime for RML infiltrate in progress. no adverse reaction noted. good skin care & per care T of 32.5 prod. Rept: 996 & 4A. Will crit to monitor
11/12/09 - OSW	<p><u>medical</u></p> <p>Cycle note done</p> <p>Rebutal still</p> <p>- ✓ BCx, Ubx, CX, CxR</p>
11/12/09	<p>NSG</p> <p>Seen by DR. McCarthy for T Temp</p> <p>Resident is on Avelox/maxipime</p> <p>at RML infiltrate - Odebre of</p> <p>BCx2 CBC, CMP, CXR, UA ds. will</p> <p>Observe _____ T. mammogram.</p>
11/12/09	<p>NSG</p> <p>V/S- 101.5 80/16 110/70 Tylenol & cooling measures provide of for T Temp. T. Tube for cooling measures 10/16 rated well - 2pm Temp 100.2. Cooling measures & repeat of all - monitor closely. T. mammogram</p>

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

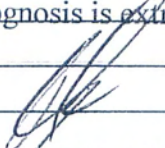
NAME: _____ ROOM: _____ CHART # _____

[illegible]

SILVERLAKE-KARRON-000357

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron M ROOM: 1307 CHART # _____

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 1/12/08
		Case discussed with staff on rounds. Ventilatory parameters were reviewed. Vital signs were reviewed. PIP acceptable Neurological status the patient is awake and alert Hemodynamically stable. There is no evidence of acute infection. Patient is not weanable from mechanical ventilation. This is secondary to severe COPD. To continue present regimine. Overall prognosis is extremely poor.
		 Ralph J. Ciccone III, M.D. FCCP
1/12/09	7:00 AM	Reg Pulmonary rounds done by Dr. Ciccone. ordered to do chest xray. Labs to be drawn. VS 101/85/16 100/70 Temp 100.0 cooling measures given will monitor Dr. Ciccone
1/12/09	9:30 PM	Reg VS 107/82/16 100/70 Temp 100.0 cooling measures given completely awake. Distal pulse 8mm kept stable feedings well will monitor Dr. Ciccone
1/13/09	6 AM	Reg VS 107/82/16 100/70 Temp 100.0 cooling measures provided with flush on ordered. UT feeding tube all good. Turned and positioned per care. Lab work provided. Urine specimen obtained for uric acid. will continue L-met-enkephalin - Dr. Ciccone 4 AM Rpt temp 99.9 ————— 12

SILVERLAKE-KARRON-000359

SILVERLAKE-KARRON-000359

DATE	TIME	Notes
1/13/09	NSG	V/S-100 80 16 110/60 Cooling measures provided for low grade temp. - es tube free olings/made tolerable well. Decubiti Care provided. 2pm Temp 100.7, Tylenol & cooling measures provided. monitor closely - E. Neuman
1/13/09	DSG 3m	V/S 102.4 - 84 - 16 110/70 - Tylenol & sponged - g tube flush as ordered. UH 5 c/s pending & LABS Repeat Temp @ 8m T 101.5 Tylenol & sponged - position @ 2 lbs & good skin & per care. Temp T 101.7 & sponged bath given. made comfortable. Ampicillin 2 HMX 1 - (penicillin) held HMX 2
1/14/09	DSG 6m	Hmn V/S - 99.3 76 16 97/60 100/70 Rpt Temp - Tylenol and positioned skin care, decubiti Care provided. pt feeling tolerable well. No distress noted this hour. Will continue to monitor - Athena

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Mene

ROOM: _____ CHART # _____

DATE TIME	
1/14/09 0845	<p><u>Medical</u></p> <p>Pt seen & assessed & chond reviewed</p> <p>% labels intact skull & femur</p> <p>chub. cor RML ml. sut</p> <p>(chub. intact) (1/12/09) $\frac{149}{51} \mid \frac{18}{35} \mid \frac{68}{2.6} < (173)$</p> <p>$\frac{12.8}{(10.6)} \mid \frac{33.6}{222}$</p> <p>acc (1/12/09) : RML intact Bup</p> <p>MR ① <u>Purpose</u> - on better & management</p> <p>② <u>Delusional</u> 1BF x 1 day - will monitor</p>
1/14/09 NSG	<p>Seen by DR. McCarthy on chond</p> <p>1BF 72 NS IL over 12hrs x 1 day comp</p> <p>1/16/09 _____ p. merrison</p>

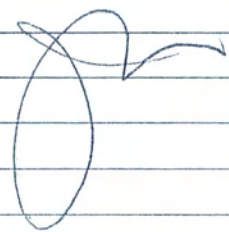
**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karren Manan ROOM: 1307 CHART # _____

DATE	TIME	
1/14/09		NSG 7-33 VS 98-80-16 110/70. Evaluated by Dr. McCarthy and 1/2 NS IL Q12° x 1 day ordered. IVL on (R) arm not functioning. New line started on (R) foot due to inability to find access on hands/arms. 22 gage angio catheter used. T good blood return. Will monitor. <i>Q83</i>
1/14	OP	1/53 Fluids infusing no infiltration 1/5. 99 82 16 110/60 — ISH on arm —
1/15/09	CM	NSG VS 99°-82-16. 97% 100/60. Rpt 1 99° @ PA. ZVH KNS IL 7 12° x 1 day. infusing with TZD4 H/L (R) foot intact. good SW care & per care. T appx provided. Will cont to monitor <i>guy</i>
1/15/09		NSG VLS-99 4 80 16 110/60-H/L inserted (R) Arm. I/V fluids 4 LNS complete at 2pm. tube & olings me all tolerates well. Decubiti Care provided. monitor closely. T-monitors.
1/16	Gen	NSG Arm up 99° 78 16 97% 100/60. Rpt 1 up → 1006. Tyndal from AT flush as ordered. @ 1001g measure provided. no feeding tolerated well. Turned and positioned, Skin Care, per Care, decubiti Care provided S/P I/V. Will observe <i>ADH nonna</i>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Maura ROOM: 130A CHART # _____

DATE TIME	
1/16/09 0830	<p><u>Medical</u></p> <p>Pt was having fevers & urine was sent to k/o UTI</p> <p>% Vibet infed T'more 1006</p> <p>P/O unchanged</p> <p>labs inbed UAO UAPO</p> <p>MP. <u>UTI?</u> - urine w/u was negative - all number</p> <p align="center"></p>
1/16/09 NTS	<p>V/S- 100.4 78 14 110/60 Cooling measurements provided for large grade Temps. C/Tube feedings/meals tolerate all well. 2pm Temp 99.8 monitored closely. ————— + monitor.</p>
1-16-09 4:30p	<p><u>Nursing</u></p> <p>MUN 71 - Dr. McCarthy ordered to I Flush to 300cc Q4h x 2 days. BMP 1/17/09 <u>Clay</u></p>
1/16/09 8-11)	<p><u>Nursing</u></p> <p>V/S- 100-80-16. B/P- 100/60. p BUN. G Tube Flush p 300cc Q4h x 2 days & given as ordered. G Tube feedings tolerated 8pm Temp- 99.9. Turn of position q 4hly. 8pm of skin / per care provided. will observe closely - <u>Friedrich</u></p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karren Marian ROOM: 130A CHART # _____

DATE TIME	
	<p>NG. Resident i sacral decubite Stage III measures 5x3cm: oment of yellow slough: oment of dermogaous dy noted. By foul odor noted. Resident not moist dzo silvadene charcoal ulcer border. Resident on Percocet 9/32/17 1 tub 980 PM for pain & pericarditis. Resident on air mattress. Resident on VasoStat 10/30cc TID to promote wound healing. 4 albumin 3.6 1/18/09 B/P 118/60 as tolerated. W/B just weekly Bed Bath daily. Resident on Percocet 25mg q4h. Tol well. Discontinuation of B/B Bath. Med/Pharm language changed. Reassessed 980 PM. Resident on Ambien 12mg qhs for insomnia. 9/18/09 1/18/09 20 lounge temps. Labs & CX held. Well cont to monitor. — Dr. Zeng</p>
1/18/09 6am	<p>NG. V/S 99.8 88 16 98/60 100/70 Rpt top 100. Cooling measure provided. GI flush as ordered. UT feeding tolerated well. Turned and positioned. Skin Care. Peric Care. Antibio Care provided. — Athena</p>
1/18/09 3-11	<p>NG. V/S 99.4, 76, 16 B/P 118/60. Resident resting well - will continue to monitor — M. S.</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Marion ROOM: 130A CHART # _____

DATE TIME	
1/14/09	Medi NRS
	Pl seen on only Rety infly in bed. Chl reval
	VSS rls
	Pls: Hdr R1
	lyr Plm Bch st Plm Bch
	Rsh Plm Bch Rsh
	Ext Plm Bch
	<div style="display: flex; justify-content: space-around; align-items: center;"> <div> <p>Wt 149 / 169 / 68</p> <p>5.1 / 3.5 / 0.6</p> </div> <div> <p>173</p> </div> <div> <p>128 / 106 / 33.6</p> </div> </div>
	<p>A - 6 Absd Lbs - T Bm</p> <p>will Mnd</p> <p>P - 6 Lungs - no am will Mnd</p> <p>3 - Aram - stlk</p> <p>9 - will Mnd</p>
4/19/09 5:30pm	<p>Mag Resident eval by M. Bruno PA. Required</p> <p>labs - VSS. Pulled CBC, BMP on 1/21/09.</p> <p>will Monitor</p>

NAME: _____ ROOM: _____ CHART # _____

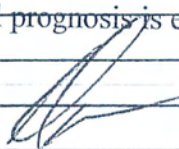
SILVERLAKE-KARRON-000365

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NI

Karron, M.

ROOM: 130A CHART # _____

DATE	TIME	
		Pulmonary Medicine
		Name: Karron, M Date: 1/19/08
		Case discussed with staff on rounds.
		Ventilatory parameters were reviewed. Vital signs were reviewed.
		PIP acceptable
		Neurological status the patient is lethargic
		Hemodynamically stable.
		There is no evidence of acute infection.
		Patient is not weanable from mechanical ventilation.
		This is secondary to severe COPD.
		To continue present regimine.
		Overall prognosis is extremely poor.
		
		Ralph J. Ciccone III, M.D. FCCP
1/20/09	NSG	
3A		US 1004 - 82-16 - BP 150/80 sponged bath & g tube flush as ordered position & tube - thoracic RA done as ordered - g tube feedings tolerated - well - Repeat temp 1004 & sponged bath - BMC donald
1/21/09	NSG	
6A		US 1008 - 78-16. 96° 120/70 Tylenol & cold sponge bath given @ 120. Rpt: 99.9° good skin care & per care. Temp 82° provided. Gp feeding Tol well. Will cont to monitor closely - gnp

Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

DATE TIME	1/21/09 - Nsg - V/S - 99.9 80/16 Cooling measures provided at 2pm temp 100.6 Tylenol cooling measure & provided - monitor closely - p. manager.
1/21/09 11-7	Monthly Nursing Note. Res Cent Care in an SNF setting, cognitive skill for daily decision making is moderately impaired, impaired long & short term memory, impaired vision uses eyeglasses, adequate hearing, ability to make self understood & sometimes understand others. Total dependence for bathing, dressing, oral care, pericare, transfer require two or more people, mobility is chairfast and wheeled in recliner, incontinent B & B not toileted, social isolation 2° limited physical ability, indication of anxiety exhibited by fidgeting, physically abusive behavior, pulling tubes, failure to follow therapeutic plan of care, to get out low participation in recreational activities 2° to immobility. Potential for accident 2° decrease vision, tries to get up from w/c, impaired judgement & osteoporosis GI, Pulmonary 2500cc @ 4 hour fluid retention 2° cognitive state & use of psychotropic medication ativan & Respedal, high rest for pressure ulcer 2° incontinent B & B 2 1/2 hr for self position assist. will cont to monitor so get back to Rn.
1/22/09	nursing Sacral Decubitus getting worse, necrotic and debrided. TPO obtained from home caring for suspect contul. with F/U p V/S 99.4 82 18 120/80 - J. H. H. H. H. H.
1/22/09 3/1	Nsg V/S 102.2 - 80 - 17 - B/P 90/50 Tylenol & sponged - 9 tube flush as ordered & pasolan & this Local Rx done as ordered 8 tube findings tolerated well BBS Repeat temp @ 8:30 - 102.2 Tylenol

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Manan ROOM: 130A CHART # _____

DATE	TIME	NOTES
1/22/09	1059	Repeated - to distress - will observe 10pm T101 - sponge bath made comfortable McDonald
1/23/09	611M	NSG 451001 - 28-16.96" 100% cold sponge bath given Sh flush as ordered. good skin care & per care. Temp 32° provided. Rept T: 103 A & A. Tyles & cold sponge bath repeated. Will cont to monitor closely
6A	7:100	<i>[Signature]</i>
1/23/09	1015	Medicated Pt seen + examinal + chest removed absent sacral decub 40 T max 101 clint: cm nm mt: alt significant sacral decub loss nuber exx (ilicla) - resolving RML ability (12169) $\begin{array}{r} 10 \\ 25 \overline{) 325} \end{array} \begin{array}{r} 236 \\ 25 \overline{) 590} \end{array}$ $\begin{array}{r} 145 \\ 5 \overline{) 725} \end{array} \begin{array}{r} 102 \\ 31 \overline{) 310} \end{array} \begin{array}{r} 69 \\ 0.5 \overline{) 345} \end{array} < 172$ Ap: ① <u>Sacral</u> decub - surgical eval ② <u>nerve</u> - will continue to monitor

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Marion

ROOM: 130A CHART # _____

DATE	TIME	NSG:
1/23/09	7-3	<p>1/5 100⁸ - 78 - 16 Bp 110/70 Tylenol 20" via NG @ 10am. 2p T 99.9 Percocet 5/375 ÷ 980 ordered. good pericare & good oral hygiene made comfortable to ambulate. Continue to observe for any 23 in condition. <u>Brunner</u></p>
1/23/09	3A	<p>NSG 1/5 1004 - 89 - 16 Sparged, bath g-tube flush as ordered - pain meds as ordered - local anesthetics ordered - position grip - good skin care - g-tube feedings tolerated well & repeat temp @ 8p T 101 - Tylenol @ 10pm made comfortable. <u>Brunner</u></p>
1/24/09	12mid	<p>ordering 1/5 1014 - 78 - 16, B.P. 110/60 Sat. 98%. Tylenol 20" via Grube given. cooling measures provided. Will continue to monitor temp. <u>M. George RN</u></p>
5am		<p>Temp ↓ 98.9. Grube feedings tolerated. Pain management effective & Percocet. Resident slept well & any cl made her comfortable. & resp. distress noted. complete nursing care provided. Will continue to monitor. <u>M. George RN</u></p>
1/24/09		<p><u>Decubiti notes -</u> stage IV sacrum measures 6x6x0.1cm necrotic center redness around it, getting w-moist & silvadene around it. Surgical consult pending Decubiti ↑ in size. resident currently having ↑ temps labs and B.C. - NO growth & CXR resolving pneumonia. - Incontinent of B/B good skin pericare frequent diaper changes & keep her clean as possible - WPB once a wk and bath daily. Prostat 101 multivitamin & minerals provided for healing of decubitus. T4/H3 tab & H <u>SILVERLAKE-KARRON-000369</u> lab results.</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Marion ROOM: 130A CHART #

DATE TIME	
	Resident has airmattress OOB → RLC as tolerated, tube of position of orbas in bed Feeding positive 250cc B4H tolerates well. Albumin level is 3.6 on 1/18/09. monitored closely for 2's. — P. member
1/24/09	NSG V/S - 101.6 88 16 120/70 Tylenol Cooling measures provided for ↑ Temp - 2pm Temp 100.7 Tylenol Cooling measures repeated. CTube Feeding 8/meal & tolerates well. monitored closely. — P. member
1/24 10 P	NSG Temp 100.7 86 16 110/60 Tylenol Cooling measures, repeat Temp 100. — SLP
1/25/09 11-7	NSG 10mm G/S → 101.2 88 16 97/60 Tylenol given. Gr. pink on orbas. Cooling measures provided. Turned and positioned, good skin care, dub's care provided UT feeding tolerates well 1pt Temp → 101.2 Tylenol Cooling measures repeated. Will continue to monitor Bkhem 6mm 1pt Temp → 100°F — AS
1/25/09 9:45 AM	NSG Resident continues to ↑ Temp T = 102°F @ 8 AM B/P 110/60 pulse = 80 R-16 APT is 100 Mcapins + 20 Mcapins added by Dr. Leone on 1/12/09 for R/L infiltrate because resident was still running ↑ Temp despite APT for 6 days. Bx, CBC, CRP, CRP U/A CG all re-ordered on 1/12/09. CRP results confirmed resolving R/L infiltrate. Blood cultures were —; CBC shows slightly ↑ WBC = 12.5. Resident was afebrile from 1/15/09 when 1/19/09 when began spiking fevers between 100° → 103° per today 102°. Repeat CBC on 1/24/09 showed WBC = 7.5 wbc →. Resident had stage III ulcer to sacrum which has deteriorated to STAGE IV or noted

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE TIME	
	on 1/24/09 decubitus note. MP ordered surgical consult - still pending - ulcer continues to deteriorate - now completely covered in black/brown eschar & reddened foot swelling Boasens; ulcer is extremely foul smelling. Call placed into Dr. McCarthy to discuss ABX therapy & change in TX 2° to persistent T-trends and deterioration ulcer. → 2/2/09 m
1/25/09 2 PM	NSG: Discussed w Dr. McCarthy - T-trends and social ulcer - T/O wound culture + sensitivity - Start Augmentin 400mg QD IV + Maxipime 1gm IV Q12H - x 10 days → 2/2/09 m
1/25/09 2:15 PM	70g V/S 102/80/16 108 T-trends cooling measures given. Gentle suctioning. Feed T/O. From McCarthy ordered Augmentin 400mg IVB qd & Maxipime 1gm IVB qd x 10d. got inflated decubiti - wound c/s of pressure decubiti ordered & obtained. H/L (Pharm). First dose of Augmentin given. As ordered. Adverse reactions noted. 2pm T-trends cooling measures given. Distress noted. Will monitor 1/2/09 m
1/25/09 NSG	V/S-100.5 80/16 110/60 T-trends cooling measures provided for P-Trends. IVAB maxipime 1st dose given. Decubiti care provided. Tube feed lines made tolerated well. 2pm Temp 99.6, monitor closely. P. Mammari

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: Kenneth Maxwell ROOM: 1300 CHART # _____

DATE	
TIME	N56 V/S 98°-78-16 96° 120/60. ZAB's Avidox / PMaxipr
1/26/08	WPB for infected debris in progress. No adverse reaction noted. R/L (R) hand intact & feeding Tel. Well. Active in p.m. side for anxiety & effort a lot. Good skin care & pericare provided. Temp 72°. Will continue to monitor group.
GA	Reptile 100' @ 4A. cold groups both sides - get
1/20/09	Mild N56 Placed in new plastic cage, all same N56 shells in m. Temp 102.4. 1/29/09 P15 @ 1st Jackson rd @ 1st @ Hill. M. Up WS can see M15 Bats but B100 M. David Sul Beach - will do well about ✓ Coll - ✓ CBL - will make ✓ Am / gen
1/26/09	nursing, seen by M. Bruno for Flaps of Attery and AST. CBC, CMP ordered - Generalist

INTEGRATED PROGRESS NOTES

NAME:

Karron, M

ROOM:

130A

CHART #

DATE

TIME

Pulmonary Medicine

Name: Karron, M

Date: 1/26/09

Case discussed with staff on rounds.

Ventilatory parameters were reviewed. Vital signs were reviewed.

Patient examined

PIP acceptable

Neurological status the patient is lethargic

Hemodynamically stable.

There is a non specific infection.

Patient is not weanable from mechanical ventilation.

This is secondary to severe COPD.

To continue present regimine.

Overall prognosis is extremely poor.

Ralph J. Ciccone III, M.D. FCCP

1/27/09 NSG v/s → Bmn 70/14 84 16-18 97k 100/60 Tylenol
Cooling measures provided. GT flush as ordered. ABI
2 D'rews / Cefepime 1-VPB Continued. H/L intact & hand
UT feeling tolerable well. Kpt temp → 99.8. Will continue
to monitor ———— ATK:MM

1/27/09 NSG v/s-100.8, 80 16 110/60 Tylenol
Cooling measures provided for ↑ Temp
Decubiti care provided. Decubiti
remaining necrotic & foul odor
ET tube feelings mo als tolerated
well. 2pm Temp 102, Tylenol + Cooling
measures repeated. Monitor
closely. ———— J. M. M. M.

1/27

NSG:
Cefepime cont IV no adverse reactions
noted v/s 99.3 80 16 120/60 will monitor
8:10 AM (PM) ————

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE	1/28/09								
TIME	6:11pm								
	<p>YS: 997-87-16. 97" 120/60. I/V/B/T available / maxipr for infected decubiti in progress. No adverse reaction noted. Pt Room intact, good skin care pericare. Temp 82° proddal. 6/1 feeding Tol. Well will continue to monitor <i>gump</i></p>								
DATE	1/28/09								
TIME	10am								
	<p>Medicated Pt seen & assessed & chart reviewed</p> <p>Go Wbbs ruled, Hh chest. cm H&T 50m ms. sub</p> <p>(obs ruled (1/28/09))</p> <table border="1"> <tr> <td>(147)</td> <td>146</td> <td>(126)</td> <td>(173)</td> </tr> <tr> <td>(5.8)</td> <td>38</td> <td>(0.6)</td> <td></td> </tr> </table> <p>AST = 53 ALT = 99</p> <p><i>gump</i></p> <p>AP: ① <u>Dehydration</u> - ↑ H₂O Plush x 3 days - will monitor</p> <p>② <u>hyperkalemia</u> - will monitor</p> <p>③ <u>Anemia</u> stable - will monitor</p> <p align="center"><i>gump</i></p>	(147)	146	(126)	(173)	(5.8)	38	(0.6)	
(147)	146	(126)	(173)						
(5.8)	38	(0.6)							

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

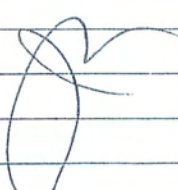
NAME: Karron Marion

ROOM: 130A CHART # _____

DATE	1/28/09	Nsg. Resident seen and evaluated by John McCarthy MD.
TIME		ordered to increase peg flush to 300ml every 4 hours x 3 days with the feeding. Michael Tedros
1/28/09	Nsg	V/S - 101.8 80 16 120/70 Tylenol cooling measures provided for ↑ Temp. NAB. Can't for infected Decubiti. Tube feeding/meals tolerate well. Decubiti remains necrotic and surrounding area red. 2pm Temp 102.2 Tylenol + cooling measures repeated - monitor closely. T. Marion
1/28/09	311 Nsg	V/S 101 - 84 - 16 - 120/70 - Tylenol + sponged bath - G tube flush as ordered. H/PB Avelex / Maxipime for infected decubiti - adverse reaction - local Rx done as ordered - position Orlis - made comfortable. 8pm T 100.6 - Tylenol + sponged dishes - made comfortable. B. M. M. M.
1/28/09	Nsg	12mn 102° 82 16 110/60. Tylenol given cooling measures provided. GT flush as per ordered. ABT 2. H/PB Avelex / lefipime. H/PB in progress for infected decubiti. GT feeding tolerated well. Turned and positioned. Skin care per care provided. Well observe. - B. M. M. M.
1/29/09	Nsg	V/S - 101 80 16 110/60 Tylenol cooling measures provided for ↑ Temp. NAB. Avelex / maxipime for infected Decubiti. Can't. 2pm Temp 100.7 Surgical consult pending. Tylenol + cooling measures repeated - monitor closely. T. Marion

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: 131A CHART # _____

DATE TIME	
1/29/09 3n	NSG 45/1013-80-16 120/70 Tylenol + gassed - glucose flush as ordered - Heptax intact - JVPs Cerebro / maxipime as ordered to adverse reaction - positive to this - local Rx as ordered Spt + 101 → Tylenol - anal comfortable Bincimolol
1/30/09 6am	NSG C/S → 100 ³ 78 / 6 100/60. GT / Lunk as ordered ABT: Melox / Cefepime 1-1P-B. Continued on Pharynx GT feeding tolerated well. Turned and positioned Skin Care, dental care provided. Will continue to monitor - Arter
1/30/09 1005	<u>Medial</u> PT seen + examined + chart reviewed PT is infected sacral decub + pneumonia to which used Pnuig (w) clint. course BS BL DTE SIRM ml salt sacred decub Leth's used (1/28/09) sacral decub spray mist + Mynulla AP @ Pnuima + Infectional decub - mrsa (5) to melox - Mynulla + Infectional (5) to cefepime
	

INTEGRATED PROGRESS NOTES

NAME:

Karron, Marion

ROOM:

B/A

CHART #

DATE	1/30/09
TIME	12 pm
	Noted order to residents @ hip - to Dr. McCauley for Silverado cream to hip redness 4.5 x 2 weeks → 2/1/09
1/30/09	Nsg cls of wound culture mrsa Transferred to 2BV for contact isolation. ————— f. memmors.
1/30/09	Nsg V/S-100'S 78 16 120/60 Tylenol Cooling measures provide of 4x T temps Decubiti remains necrotic & foul odor Tx done as ordered. 2 tube feeding's meals tolerated well. 2pm Temp 100.4 cooling measures repeated. monitor closely. ————— f. memmors
1/30/09	Received resident at 2:30 pm. Alert responsive. V/S 98/4, 89/16, 100/70 mmHg. on contact isolation. IVPB - Anes, Morphine Hypack on rt hand. 8x Feeding Rotation started. In linen chain. ————— f. memmors
1/30/09	Social Svc: Misk was transferred from 130A to 240A as she now requires isolation. Family aware - All Belong moved. Misk seems comfortable in her new room - f. memmors
1/30/09	Nsg BUN 96 (126 on 1/27) Potass 5.8 (5.8 on 1/27) Received to BMP in AM. Clayton

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME:

Karron, M.

ROOM:

CHART #

DATE	TIME	
1/30/09	10pm	<p>Def. 100.7. 88.16. Def 97.2. BP 110/70. Tylenol & cooling meas. applied for T temp. Res. made comfortable. Res. adjusting well to rm. & Res. is responsive to tactile & painful stimuli. Res. Cont on IVAB Maxipime for infected decubiti. Avelox in progress. & adverse reactions noted. Meds & feeds tol. well. Good skin & pericare provided, TEP 2.0. All care rendered. Rpt 101.9. Tylenol & cooling meas. repeated. Comfort meas. cont. Contact Isolation maintained. & resp. distress noted. Will OH.</p>
1/31/09	6am	<p>M2 VS 101.1, 96, 116 BP 112/72. Tylenol given for temp. Cooling measures. Bowdies good skin care. Pericare Bowdies AB IVAB Maxipime for infected decubiti. Avelox in progress. no adverse reaction notes. Good skin care pericare Bowdies. Releant temp. 102. Tylenol given. Cooling measures Bowdies. Contact Isolation maintained. & Res. distress notes will monitor for changes.</p>
1/31/09	2:00	<p>Sym x 2 Addl - 1st seen + wearing 2" tabs - 15.1 / 111 / 96 (205 - this seen on T 65 flash 5.8 / 38 / 0.6 pt vent dependant - non responsive CxR 12.5.5 Phys few scattered rales abd @ 3.5 soft ext @ adms - @ 4.0 @ 5.0 @ 6.0 @ ST. IV secret decubiti 4/4 elect. w/te inf. line, start 50% 1/2 tabs R/O 0.5th</p>

SILVER LAKE SPECIALIZED CARE CENTER INTEGRATED PROGRESS NOTES

NAME: Karron 14

ROOM: 240A

CHART # _____

DATE	TIME	NOTES
1/31/09	7-3	NSG V/S 102.7 86.16 Resident on IVAB Maxipime & Avelox progress for pneumonia & still effect Res noted Spice Temp: ABX covered Temp 2.5 ordered D5 1/2 NS 16 @ 12" x 48" Sed rate, BMP, CBC, TSH, X-ray & serum Kajexalate 30gms given due to a potassium started 107 D5 1/2 NS 16 @ 12" x 48" Res on constant isolation precaution 2pm Rcting 101.0 Repeated glaucal & cough mussage well cont monitor <i>my</i>
1/29/09	3-11	NSG V/S 103.3-86-16. BP 118/70. Repeat temp 103.3-86-16. 102.7. Tylenol given. IVAB Maxipime + avelox in progress for pneumonia. Feeding + Medication tolerated well. No c/o. Will con't to monitor → <i>Myach</i>
2/1/09	6-10am	Nursing V/S at 12am 102, 88, 16, 110/90. ABX maxipime + Avelox 1000mg capsules. Tylenol 200mg q 4hr. Gum. IVF D5 1/2 NS at 83ml/hr infusing well 4pm Temp 102.8F. Tylenol, cooling measures provided. Resident response to stimuli will monitor. Alertly 3rd
2/1/09	7-3	NSG. Skin checked under Trach Collar intact no redness <i>Smile</i>
2/1/09	3-11	NSG. V/S 103.9 120 40 BP 120/70 NPB Maxipime & Avelox in progress for pneumonia. Tylenol & cooling measures given. Meds & feeding tolerated well. D5 1/2 NS 1L @ 12" cont. Total care provided T/PG2 No resp. distress noted well cont monitor <i>good</i>

INTEGRATED PROGRESS NOTES

NAME: Karron, m ROOM: 240A CHART #

DATE	NSG
TIME	V/S 102, 2, 100, 16 BP 90/60 O2 sat 97%. Tilenor 2-209 given for temp. Cooling measures Bowden 6:15AM good skin care pericare Bowden. IVF 05 1/2 NS completing in order of last reg. AB IVF3 medication Avelox is ordered cont. no adverse reaction notes. Resp. distress notes at this time Repeat temp. 102.1. Tilenor given. Cooling measures Bowden will monitor for changes. ———— SS ————
2/2/09	Rest — PI. Septic. monitoring vitals. on 10 antibiotics — for 4. — Ben. 100/cont 0.7. — Ep. dehydration. R/R 10 Filmed BMP cont antibiotics
2/2/09	NSG. 73 V/S 98, 2, 94, 20. Residual on IVF3 Maxipime & Avelox via g/t for pneumonia & side effect - Res evald • no pulse. continue 05 1/2 NS & 0.2 x 48. Bmp & wbc re-eval ————

INTEGRATED PROGRESS NOTES

NAME:

Karron, M.

ROOM:

CHART #

DATE	TIME	
2/2/09	10pm	<p>Def: 102.4. 86.116. O2at 95%. BP 90/60. Res. c + temp. Tylenol + cooling meas. provided. Res. made comfort able. Cont on Juvab Maxipime for infected decubiti. Avelox in progress. & adverse reactions noted. IVF D5 1/2 NS infusing well for abnormal labs. Meds & feeds tot. well. Good skin & pericare provided, TRP 92%. All care rendered. Rpt 102.9. Tylenol + cooling meas. repeated. Comfort meas. cont. & resp. distress noted will chb.</p>
2/3/09	117	<p>NURSING</p> <p>102.9 - 92.16. 100/60. 4/18 + 10/17. Tylenol q4m as ordered. Cold compresses applied. IV AIR Cefixime continued. IVF D5 1/2 NS 1L. 6/17 infusing well. NEW has 7/12. 3.4pm. IV 1/1L intact on (L) 1/17. All feeding, Meds tolerated well. Complete AMI care provided. pr s/s of distress noted. Will continue to monitor pr chb.</p>
2/3/09	10am	<p>Nursing Monthly Assessment</p> <p>Res cont care in SNF setting. Cognitive skills for daily decision making severely impaired, short & long term memory impaired. Vision impaired, wears eyeglasses. Speech sometimes understood and sometimes understood others. Hearing is adequate. Bathing, Grooming total dependence with two person assist. Oral and pericare two person assist. Transfer two or more people needed due to unable to assist and vent dependent. Mobility, Res is chairfast and wheeled in recliner. Res has contractures right and left ankle. Resident is incontinent of Bowel and Bladder Related to 2° cognitive impairment and mobility impairment. Not toiletied, Res wears incontinent pads, good pericare provided. Res at times experiences sad or anxious moods. Res on ativan 4mg q6 prn, Paxil 40mg qd and Risperdal 0.5mg qhs. Low participation in recreational activities. Res potential for accident</p>

INTEGRATED PROGRESS NOTES

NAME:

Karron

ROOM:

CHART #

DATE TIME
2/3/09
→ due to confusion, psych meds, decreased vision, fragile skin. Res on Citracal 5 Vit D for osteoporosis. Res on g-tube feedings of peristaltic 250ml q 4^h. due to surveillance problems. Res use 21/5 SR for prepping/body alignment Res on Lopressor 25mg q 12^h for HTN. Res on Heparin 5,000u q 12^h for DVT. Res in bed and stable. Res remains vent dependent. Res get pericare q 8^h and Tylenol 20ml prn for pain. No C/O of discomfort at this time. Will obs for changes — Decrease AN

Respiratory Therapy

Tracheostomy Tube changed by ENT
Consultant Dr. Bhyanni

Date: 2/3/09

RT Sig.: MCO

prob chged fibril well
no labor

→

2/3/09 NSG. 11/1. 101³ 88 16 BP 90/60 IV AB Paxipime 2
3-4 Avelox na GT for pneumonia & wound infection
cont. no adient reaction noted.
75 1/2 vs fluid wet. Heptach R arm intact.
patient. All care rendered T/P @ 20^o
Treatment done as order. No resp.
distress noted. Tylenol & cooling measure
given. Will cont monitor — good

INTEGRATED PROGRESS NOTES

NAME: Karron M ROOM: 240A CHART #

DATE	TIME	NOTES
2/3/09	6:15 AM	NSG V/S 103.1, 88, 116 BP 110/60. Tylenol given for temp. cooling measures provided. Bowel sound good. Penicillin Bowles. IVF D5 1/2 NS 1 liter at 12:30 AM new BSG as ordered AB IVB telephone ^{maxipime} at 6 AM last dose given as ordered. No adverse reaction noted. Repeat temp 101.3. Tylenol given. cooling measures provided. Resp. NB test notes will monitor. OT LPW
2/4/09		indirect continue in plan BMP in AM
2/4/09	7:30 AM	NSG. V/S 100.4, 86, 116. Rndt s/p was Maxipime & analox for pneumonia & Sacrum decubitus infection. Q side effect Res on 10% NS. evald: 10% NS ordered cont w/ 10% NS at 12 x 4 hr. sub done BMP in AM completely not's cure. Comfortable position provide. Re Temp 102.3 @ 2 PM given ibuprofen & cooling massage & well monitor.
2/4/09	10 PM	Def: V/S 102.7, 82, 114. O2 sat 95% BP 124/60. Tylenol & cooling meas. applied for temp. Res. made comfortable. S/P AB. IVF D5 1/2 NS infusing well as ordered for abn. Abs. Meds & feeds up well. Good skin & pericare provided, AP Q2. All care rendered. V/S 101.1. Tylenol & cooling meas. repeated. Comfort meas. cont. by resp. values noted. Will obs.

INTEGRATED PROGRESS NOTES

NAME: Karron Marion ROOM: _____ CHART # _____

DATE	TIME	NURSING
2/5/09	11:2	<p>Vital: 102.4, 8.2, 114, 100/70. Ttyl adm as ordered</p> <p>Cold measures applied. LPT 100.4. Resident is getting</p> <p>IVF D5 1/2 NS, 1L airt infusing well. New bag 10:30 PM</p> <p>SIP IV H/B Cefepime and IV Vicodin ordered for pain. No adverse effects noted. IV H/B intact on (P) H&A</p> <p>WIT feeding to med tolerated well. Diets can provided. Resp care provided by RT as ordered</p> <p>Complete H&A care provided. No S/S of distress noted. Will continue to monitor for changes in status - Dr. [unclear] 7 PM</p>
2/5/09		<p>data - above reviewed</p> <p>Pt eval to the ch</p> <p>vent unit staff.</p> <p>vent parameters, pressures, O2 sat's reviewed</p> <p>trach care, pulm toilet, mobilization, nutritional support - continue</p> <p>(reviewed) - abs (antibiotics)</p> <p>- for debridement</p> <p>Poor prognosis</p> <p>Not wearable</p> <p><i>[Signature]</i></p>
2/5/09	7:3	<p>NSG.</p> <p>Vital 100.9, 86, 114. Resident off 2nd day.</p> <p>AB Maxipime & Diloxyl side effect</p> <p>IVF D5 1/2 NS 1L @ 12" continue progress.</p> <p>noted tube given binal as per ordered</p> <p>Re-temp 102.3 @ 2 PM. Repeated - sternal</p> <p>0 line bag apply wrap cont monitor</p> <p><i>[Signature]</i></p>

NAME: Karron Manor

ROOM: 240A CHART # _____

DATE	2/5/09	Nursing
TIME	6pm	then Niluqu 132, Creatine 0.7 On IVF. Received T.O. for BMP in AM. Change
2/5/09	NSG.	100 ² 78 BP 110/74 s/p AB Maxipime & Arelax
3-4		no role effect. NS 1/2 NS 1L Q 120 coat. Cooling measure given. BMP in AM 2/6/09 ordered. No resp. distress noted Will coat monitor All ADL care provided. T/P Q 20 ——— goch
2/6/09	NSG	
6AM		NS 102.4, 88, 116 s/p 100/60. Tylenol given for temp. cooling measures Bowles good skin care pericare Bowles IVF as b. NS P after 12:30 AM new set as ordered. Repeat temp. 102. Tylenol given for temp. cooling measures Bowles p resp. distress noted will monitor for changes. ——— on pm
2/6/09		from TO for BMP P/R/R
2/6/09	NSG:	
		Dr. Kipatsis evaluated sacral decubitus & debrided area. he requested resident to be placed on Unna's 1.5 Gms Q 120 x 10 days. IV fluids to continue BUN 132 & creatinine. 8 labs were drawn this AM. Dakins 14% solution mixed C NS ordered to cleanse sacrum. 12 ¹⁵ Son Abe called & I updated him on current change in status. Fullback
2/6/09	NSG	Decubitus note
7-3		sacrum stage IV measuring 11.5 x 7.5 x 3.8" this measure after debridement drainage 3 foul odor order changed to Dakins 14% sal mix 1/2 NS. a shift now. Res. on special air

INTEGRATED PROGRESS NOTES

NAME:

Karron

ROOM:

CHART #

DATE	TIME	cont Decubitus note
2/6/09	7:30	<p>mattness. Turning position 2hrs</p> <p>oob - R/L for this oob incontinent of</p> <p>B/K Jett good skin a pericare</p> <p>Receiving 4/15 feeding rotation. m/c minimal</p> <p>pract 101 to improve nutrition status</p> <p>Pericare T tab of for pain control</p> <p>evidence of pain lung dry chage</p> <p>wps weekly. bedbath daily provide</p> <p>well cont monitor</p>
10:30am		<p>v/s 101.2 80.16. BP 110/70. 3hrly coudy monitor</p> <p>Resident noted wt gain 33 lbs</p> <p>In to IVF D5 1/2 NS @ 12" Px fr 1/31/09</p> <p>Generalized edematous. BUN/cr 9</p>
12pm		<p>Res 1st dose unasyn given as ordered</p> <p>a cont IVF D5 1/2 NS @ 12" x 2 1/2"</p> <p>well received</p>
2pm		<p>Re Temp 98.4 wry/coud observation</p>
2/6/09	10pm	<p>Def:</p> <p>v/s: 100.1 88.16. Qr at 96% BP 140/80. Cooling &</p> <p>Comfort meas. applied for low grade temp. Res.</p> <p>Staph cont on IVAB Unasyn for infected</p> <p>decubiti. A adverse reaction noted. IVF D5 1/2 NS</p> <p>per infusing well for abnormal labs. Meds &</p> <p>feeds tol well. Good skin & pericare provided,</p> <p>TP 20. All care rendered. Rpt. 101.5. Tylenol given.</p> <p>Cooling & comfort meas. cont. & resp. distress noted.</p> <p>Will obs.</p>
2/7/09	6am	<p>nursing v/s at 12am 102.2, 80, 16, 110/70.</p> <p>Tylenol and cooling measures provided. 4am temp</p> <p>103.1 F. Tylenol dose via 4hr given - unsyn v/s</p> <p>IV PB in progress for infected Decubiti. IVF D5 1/2 NS</p> <p>infusing well to Rt hand. No chills noted. Will</p> <p>monitor. Alertly 3hr</p>
2/7/09		<p>PT acc + examined 70 abnormal</p> <p>labs 152 / 113 / 119 (171)</p> <p>4.4 / 29 / 0.6</p>

INTEGRATED PROGRESS NOTES

NAME: Marion Karron

ROOM: 2400 CHART # _____

DATE
TIME

input pt has been on IVF x 1 week - labs
definitely - decubiti cleaned yesterday
was started on unna - prior she
was on morphine & codeine -
pt vent dependant - mental status severely impaired
WT gain 33 lbs this week - b/p 110/70 T102
p/p skin fragile / thin
on S.S.
phys scattered rales
abd severely distended
last Ppity edema - occasional
GU - P/c inserted - obtained total of
2500 cc clear output urine / clamped several
times between apical failure
p/p - urinary reflex - will v up csc
master P/c
repeat labs
daily wts x 3 days

[Signature]

2/7/09

NSG

1-3

1/2 1023 84-16 Bp 110/72. Tylenol 200mg
 Foley Catheter inserted & functioning well.
 Output monitor 2500 cc @ 100 cc/hr.
 IVF D5 1/2 NS 1L 9/12 x 48° Re-ordered then
 Re-Evaluate P 48° Bp 110/62 @ 100 cc/hr.
 Continue to observe closely for any Δ's in Count
 Abd. distended 2pm T. 101.3
 Repeat Tylenol 200mg 9/12
 2pm Output 100 cc

[Signature]

2/7/09

NSG

3-11

1/8 → 101.4, 83, 16 Tylenol given. IVF D5 1/2 NS
 infusing. repeat temp 101.9, P/c output 800 cc
 will continue to monitor for any
 changes

[Signature]

2/8

NSG

6A

IVF D5 1/2 NS infusing Temp 101.5 84 16.
 110/80 T 101.5 & cooling Repeat Temp
 102.3 Tylenol cooling repeated - 820 cc
 Foley cath output 500 cc. 820 cc

INTEGRATED PROGRESS NOTES

NAME:

Karron

ROOM:

CHART #

DATE	TIME	
2/8/09		NOA 7-3 → IVF D5 1/2 NS infusing well & infiltration. NO respiratory distress noted. Total a.m. care rendered. T & P Q&Hs. VS: 100 ² -82-16. Cooling measures rendered. Re: 198 ⁸ O = 600cc + 150cc = 750cc - <i>[Signature]</i>
2/8/09	10pm	<i>[Signature]</i> w/ 101 ¹ -88-16. O ₂ 95%. BP 120/80. Tylenol & cooling meas. applied for ↑ temp. Res. made comfortable. Cont on IVAB unit for infected Sacral decubiti. & adverse reactions noted. IVF D5 1/2 NS infusing well for abn. lab. Meds & feeds for well. Good skin & pericare provided, T & P Q&H. All care rendered. w/ 101-7. Tylenol & cooling meas. repeated. Comfort meas. cont. & resp. distress noted. Will chx H/L Output 500ml <i>[Signature]</i>
2/9/09	9pm	A - c + Blood Sugars. IV D 40. 9 NS unit complete. A - c infected ulcer + curiary pressure will have no use i am. <i>[Signature]</i>
2/8/09	10:15pm	<i>[Signature]</i> IVF 0.9% NS 1L until complete. org. & started. Will chx <i>[Signature]</i>
2/9/09	6:30	Nyxms w/ 102.6-88-16-100/60. Lp 7. 101.4 Tylenol & cooling meas. applied. IVF 0.9% NS 1L until infusing well. IV H/L changed to C. H/L. 100/60 up to 100/60. No adverse effects noted. H/L output 300 cc. No 5/5 g. diff. started. Will continue to monitor at bedside - <i>[Signature]</i>
2/9/09		Med MT Sept. .. Janner - - 03 Pop. 120/60 R. 12

INTEGRATED PROGRESS NOTES

NAME:

Karron

ROOM:

240A

CHART #

DATE

TIME

Bac - carry down

to hydrate

per legal
M.A.
attest

Sys - Filed len 10 to
dentist notes

Cent - to hydration

- to antibiotics

dentist care

to Hydrat - 0.9. NS.

CMP - CB -

Carer sign

re legal Att.

/

2/9/09

NSH.

73

r/s 98.7 78.16 BP 108/70

Resident evoked a pr pain for general
condition of revealed Vt. Bacter level
better. ordered coid 107.94. as 11.012°

CB C.B.P. also Lab shown ↑ glucose
ordered F5, BID, Regular insulin coverage
of S/S of hyper/hypoglycemia of this shift

Rx on IVAB ynagyn progress as side effect

Rx generalized edematous & elevated
all extremities as tolerate per coid
monitor

with out put 40 out

INTEGRATED PROGRESS NOTES

NAME:

Karron

ROOM:

240A

CHART #

DATE	TIME	
2/9/09	3-4	NSB V/S. 100' 80 16 BP 90/60 N Unmyu - wound infection cont no adverse reaction noted. N Myu/NS 0.9 1L Q 12° cont. Heplock R/hand. intact potent. Cooling measure given. Generalized edema ext ↑ on pillows. No resp. distress noted. Out put 900cc urine yellow clear. Will cont monitor good.
	10PM.	Temp. rep. 101° Tylenol < cooling measure given medle rend. comfortable. Will cont monitor good.
2-10-09	6AM	NSB V/S 102.1, 80, 116 BP 90/60. Tylenol given for temp. Cooling measures Bonites. Good skin care Pericare Bonites. 47 feeding as ordered tolerates well. IV 0.5 L NS P liter Running well as ordered AS IVPB Unmyu cont as ordered. No other adverse reaction noted. Repeat temp. 101.6. Tylenol given. Cooling measures Bonites will monitor
2-10-09	6:36AM	NSB V/S 102.1, 80, 116 BP 90/60. Tylenol given for temp. Cooling measures Bonites. Good skin care Pericare Bonites. 47 feeding as ordered tolerates well. IV 0.5 L NS P liter Running well as ordered AS IVPB Unmyu cont as ordered. No other adverse reaction noted. Repeat temp. 101.6. Tylenol given. Cooling measures Bonites will monitor
2/10/09		NSB V/S 102.1, 80, 116 BP 90/60. Tylenol given for temp. Cooling measures Bonites. Good skin care Pericare Bonites. 47 feeding as ordered tolerates well. IV 0.5 L NS P liter Running well as ordered AS IVPB Unmyu cont as ordered. No other adverse reaction noted. Repeat temp. 101.6. Tylenol given. Cooling measures Bonites will monitor

INTEGRATED PROGRESS NOTES
Carron Marten

ROOM:

CHART #

Franklin Printing 718-258-8588 SLC-110

INTEGRATED PROGRESS NOTES

NAME: _____ ROOM: _____ CHART # _____

DATE	2/11/09
TIME	4:45 PM
	Resident c T Temp of 104 [°] (rectally)
	B/P 130/58 P-142 R-16 O ₂ SAT = 94%
	Tylenol Gr II given as well as cooling measures. Spoke c Dr. Kleber - ordered
	Resident transferred to S144N (ER) for evaluation. PCA S144N BN, Dr. Sauer &
	family all made aware. → H. Harris
2/12/09	Nursing 3A
	Resident admitted S144N c Pneumonia.
	Glynda Nelson
2/12/09	Social Svc.
	Miss was transferred
	to S144N. Placed on Room
	Reserve as per Dr. ABC.
	Family aware. S144N

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Marion

ROOM: 245A CHART # 15354

DATE	TIME	Notes
2/19/09	10pm	<p>Res. re-admit to facility via ambulance stretcher @ approx. 5pm, from Sitt (ad) into rm. 245A. Admitting Dx: Sepsis & UTI. Res. is awake & responsive to tactile & painful stimuli. Res. remains vent dependent. Suctioned prn mod amt. of thick yellow secretions. All vent/resp. needs anticipated by resp. therapists. Body assessment done. Abdomen distended. (+) b.s. Res. & multiple ecchymotic areas. (+) legs, (+) arms, (+) hands, & abd. Res. & generalized rash. Res. also & generalized edema. Extremities elevated on pillows. (+) heels & (+) ankles redened. Res. noted & St. III decubiti on (+) Shin. St. IV on Sacrum & (+) Hip. Ty. provided as ord. (+) leg noted & multiple scabs. Skin tears noted on (+) arm & (+) inner arm. Skin dry & scaly under (+) breasts & abd. fold. Res. & #18fr Peg. Area red & drainage. Receiving perative 250ml to 400ml qsc/hr (+) 2am feeds. Flushed as ord. fol. well. Res. incontinent of bowel & continent of bladder to #16fr Fc. Draining yellow urine. Output 400ml. Good skin & pericare provided. T/P q 20. wgt: 99.5. S2. 16. O2sat 96%. BP 130/75. wgt. 187lbs. All care rendered. Res. to start on IV Diflucan 500mg q24h until 2/20/09. Contact Isolation maintained for CMRSA sputum & resp. cultures noted. Will cont. to obs.</p>

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: Karron ROOM: _____ CHART # _____

DATE	TIME	LTV CHECKLIST
2/19/09		DATE: <u>2/19/09</u> Pt. Name: <u>Karron</u> Rm: <u>245A</u> Vent s/n <u>21116</u> I. Alarm OP 1. Vol 85 dba <input checked="" type="checkbox"/> 2. Apnea Int 20 sec <input checked="" type="checkbox"/> 3. HP Delay A) No Delay <input type="checkbox"/> B) 1 Brth <input type="checkbox"/> C) 2 Brth <input checked="" type="checkbox"/> 4. LPP Alarm <u>Emar</u> A) All Breaths <input type="checkbox"/> B) VC/PC Only <input checked="" type="checkbox"/> 5. High F <u>35</u> A) <u>35</u> B) Time 30 sec <input checked="" type="checkbox"/> 6. High PEEP Off <input type="checkbox"/> or <u>7</u> cmH ₂ O 7. Low PEEP Off <input type="checkbox"/> or <u>3</u> cmH ₂ O 8. PNT Assist A) Normal <input type="checkbox"/> B) Pulse <input checked="" type="checkbox"/> 9. Aux Alarm Plugged in & working <input checked="" type="checkbox"/> RT Initial: <u>GPA</u>
		II. Vent OP 1) Leak comp On <input checked="" type="checkbox"/> 2) O ₂ conserve Off <input checked="" type="checkbox"/> 3) CTRL unlock hard <input checked="" type="checkbox"/> III. Presets 1) PTNT Query Off <input checked="" type="checkbox"/> 2) Adult Ventilation <input checked="" type="checkbox"/> IV. SBT OP 1) OFF <input checked="" type="checkbox"/> V. Power On Self-Test <input checked="" type="checkbox"/> Alarm Audible <input checked="" type="checkbox"/> Display Test <input checked="" type="checkbox"/> Control Test <input checked="" type="checkbox"/> Leak Test <input checked="" type="checkbox"/> Vent Inop Test <input checked="" type="checkbox"/> VI. Alarm Functioning 1) High <input checked="" type="checkbox"/> Low <input type="checkbox"/> Low Min. Vol. <input checked="" type="checkbox"/> VII. Filters in Place 1) Air Inlet <input checked="" type="checkbox"/> 2) Fan <input checked="" type="checkbox"/> 3) Hepa <input checked="" type="checkbox"/> VIII. A) Rate Checked <input checked="" type="checkbox"/> B) Volume checked <input checked="" type="checkbox"/> IX. Low Pressure O ₂ Source <input checked="" type="checkbox"/>

1st Eve of Re-Admission - Testing satisfactorily on current vent settings - RT to continue monitor GPA rt

2/20/09
117

Nursing
 1/1984-76 12-13-17. 1st night re-admission. Resident remains in vent dependent. Pulmonary care provided by RT as ordered by MD. Resident is remains awake and responsive to painful tactile stimuli. Suctioned by RT for moderate amount thick yellow secretion. Resident is getting little better per se. 250cc 6L/H on tidal pump at 95 (100cc) 120 100 ml 44H. Hold 20m feeding. Resident with generalized edema + rales, persists. Effortful respir. kept elevated on pillows. Stage III decub. (R) shin stage II on sacrum and (R) Hip. It provided done as ordered by MD. Please see on adm assessment sheet. Positioned pt on left side. Skin - pericare provided. J-c drainage under dress. Not put 400 cc this time. In context of high level of clean & dry as possible by Diaper. Doing last dose adm at 6pm. Contact isolation maintenance for MRSA specimen. No signs of distress. SILVERLAKE-KARRON-000395 - Dr. [unclear]

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: Karron

ROOM: _____ CHART # _____

DATE	During Date:
TIME	2/10/09 W. Readmission PPD placed @ Javacm.
11-7.	Success
2/20/09	Social Srvs. Musk was readmitted to SC on 2/19/09 + also moved into room 45A & cohort w/ others w/ the same isolation issues. Family notified. All belongings moved. <u>Shunta A. B.</u>
2-20-09	OT Rehab
10 ¹⁰ AM	Resident seen for OT re-eval & is not a candidate for restorative OT & to medical condition & inability to actively participate in tasks. Will be placed on floor plan for OR NE. <u>Cynthia A. B.</u>
2/20/09	PT Rehab
	Resident seen for PT re-eval S/P readmit from hospital. Resident is not a candidate for restorative PT & will continue @ The floor room program. <u>Maryann M. B.</u>
2/20/09	NSG
7-3	Resident 3 rd day Readmitted today. Responsive tactile stimuli. Generalized edema. weakness (R) arm & skin tears. Totally dependent. POC's care @ 2nd Person. Incontinent of bowel & continent of bladder. 7/ cath provide good skin & peri care. G/T feeding practice 250" @ 4" no sp of GI problems. V/S 99 & 84. Pp BP 110/70. Res completed. Disinfection of thigh morning. Side effect well controlled. monitor. 7/1 ask output 400 ml. <u>ny</u>
2/24/09	RESP note:
7-3	ABE done on pt as per doctor's order about 11/26. RR ↑ from 16 to 18. Also as per order for change from 35-45 to 30-40. <u>REAH</u>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: _____ CHART # _____

DATE	TIME	Notes
2/20/09	10pm	Adm: 99-86-18. Cxat 97%. BP 120/80. Res. and evening R/A to facility. Awake & responsive to tactile & painful stimuli. Generalized edema persists. Ext. elevated on pillows. S/P Diflucan. NAR. Meds & feeds tol. well. Res. incontinent of bowel & continent of bladder 2° FLC. Draining yellow urine. Good skin & pericare provided. T/P 92°. All care rendered. 1440. dysuria noted. Will obs. FLC output 700ml. <i>[Signature]</i>
2/21/09	6am	NSG V/S 48-6, 82, 18 BP 130/90. Resident 2nd night R/A. Awake & responsive to tactile and painful stimuli. Generalized edema persists. Extremities elevated on pillows. S/P Diflucan. no adverse reaction noted. Bowel incontinent. Bladder continent 2° FLC. Draining yellow urine. Good skin care. Pericare Bowles & res. dressings noted. FLC out pit 600 cc. <i>[Signature]</i>
2/21/09		7/0 signed & 2
2/21/09		(7.3) med output 400cc <i>[Signature]</i>
2/21/09	10pm	NSG V/S 99-86-18. BP 120/70. Resident 3rd evening R/A. Awake & responsive. S/P Diflucan. NAR'S noted. All care rendered. Medication & feeding tolerated well. FLC output 500cc. Will cont to monitor. <i>[Signature]</i>
2/22/09	6am	Nursing FLC output - 300cc <i>[Signature]</i>
2/22/09	2p	NSG: 2nd day S/P diflucan. V/S 99-78-16. 132/90. Generalized edema noted. FLC output 600cc. Will monitor. <i>[Signature]</i>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: 245A CHART # _____

DATE	TIME	NOTES
2/22/09	3-4	NSG. V/S. 98, 78, 18 BP 98/60 2nd day RA. s/p. Diffusion no adverse reaction noted. No resp. distress noted. All core rendered. Int put 500 cc urine yellow clear ——— good.
2/23/09	11:00	Nursing 4/1 100.6 - 88 18 11.1/62 Tylenol adm as ordered. Cold measures applied. U/T 99.4. s/p Diffusion. No adverse effects noted. P/C drawing ampur urine. Out put 500 cc. U/T feeding improved tolerated well. Complete RN care provided. No S/S of dehydration noted. Will continue to monitor pt closely ——— forward RN
2/23/09	7-3	NSG Resident c redness, warmth + swelling to @ 1 leg — will have MD evaluate — possible cellulitis. Leg kept elevated on pillow ——— offase
2/25/09		med P+ c cellulitis on lower ex. hant will Rx c Augmentin 875 mg B.i.d. #1 20
2/23/09	7-3	NSG. V/S 99.2 80 - 16. Resident noted @ 1 leg redness & swelling ——— called Dr. Parisi ordered Augmentin 875 mg q.i.d. x 10 days via 1/2 tube. Wsee cont observation ——— m

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME:

Karron

ROOM:

265A

CHART #

DATE	TIME	Notes
2/23/09	10pm	Def: V/S 99-78-16. O ₂ at 97%. BP 132/80. Res. Started on AB Augmentin for (R) lower leg cellulitis. Area remains redened. & adverse reactions noted. Meds & feeds tol. well. Good skin & pericare provided. T/P 25°. All care rendered. Resp. distress noted. With anal. F/C output 550ml. <i>[Signature]</i>
2/24/09	6Am	NSG V/S 99-8, 78, 116 BP 102/60 AB Augmentin as ordered. No adverse reaction notes for (R) Lower leg cellulitis. Redness noted. S/P 3rd but difficult. w/ feeding as ordered. tolerates well. good skin care pericare provided. & resp. distress noted. F/C out R/L 250 cc. <i>[Signature]</i>
2/24/09		Speech - Res screened Res. continues to demonstrate ↓ responsiveness all needs anticipated. Dysphagia cont. NPO. <i>[Signature]</i>
2/24/09	7-3	NSG F/C output 700ml V/S 98-88-18. Res poor condition AB Augmentin progress for cellulitis on (R) lower leg. Redness & swelling decreased monitor. <i>[Signature]</i>
2/24/09	3-11	NSG. V/S. 99-82-18 BP 100/62 Augmentin cont for cellulitis. Patient poor condition. Good skin & pericare provided. T/P 2°. Genitelic color extr. elevated as pillow. All care rendered. No resp. distress noted. Out put 500cc. Will cont monitor. <i>[Signature]</i> Resistant noted LBM's x 2. <i>[Signature]</i>
2/25/09	11A	NSG F/C output 500 cc. <i>[Signature]</i>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME:

Karron. m

ROOM:

245A

CHART #

DATE	TIME	NSG
2/25/09	7-3	<p>NSG Decubitus Note</p> <p>Sacrum stage IV measuring 10x9x2 cm</p> <p>Clean tissue & bloody drainage</p> <p>Wet-pony dsg, per wash as</p> <p>(R) Shin stage IV measuring 10.5x1 cm</p> <p>Slightly yell tissue. Wet-pony dsg</p> <p>(R) Leg < lower leg > cellulitis & redness</p> <p>Rest on Augmentin progress</p> <p>(R) hip stage IV measuring 5x7x.1 cm</p> <p>dark tissue & around redness</p> <p>Wet-pony dsg, per wash @ shift</p> <p>Resident on special air mattress</p> <p>turning position @ 2 hrs 00B-R/c</p> <p>OOD for 2 hrs. Percocet 7 tab as</p> <p>for pain control. incontinent of</p> <p>bowel & continent of bladder. F/cath</p> <p>getting good skin & per & F/cath care</p> <p>Receiving F/cath budding. Peristaltic</p> <p>& mv & mineral. Prastat 101 to</p> <p>improve nutrition status</p> <p>W/B weekly. bedbath daily provide</p> <p>well cont monitor</p> <p>Resident poor condition @ recently</p> <p>today's apb schedule, but given good bedbath</p> <p>due to sickness. will monitor</p>
10am		<p>r/s 100% 82 12 BP 118/74.</p> <p>Resident poor condition edematous</p> <p>all extremities elevated as tolerate</p> <p>4B Augmentin progress for R/domin leg</p> <p>cellulitis O/W effect completely</p> <p>ADL's care & Comfortable position</p> <p>provide</p>
2pm		<p>R/tup 100% provide cooling massage</p> <p>well monitor</p>
2/25/09		<p>NSG</p> <p>skin assessed under track holder & intact</p> <p>Walben</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____

Karron, M.

ROOM: _____

CHART # _____

DATE	TIME	NOTES
2/25/09	10pm	<p>Def. 100.8.88.18. O₂ 90%. BP 122/80. Tylenol & cooling med. applied for temp. Res made comfortable. Meds & feeds tol. well. Good skin. pericare provided. TTP 20. All care rendered. Pt 98.9. 0 rep. output noted. will obs. JH</p> <p>FLC output 500ml</p>
2/26/09	6AM	<p>NSG</p> <p>V/S 98-6, 20, 18 BP 110/60. AB Augmentin cont for cellulitis. P. Leg can't. no adverse reaction notes. good skin care. Penicase. Bowides. 0 resp. nitress notes PIC mt RIA 200 cc will monitor for changes — JH</p>
2/26/09	23	<p>NSG</p> <p>FLC output 500 ml — JH</p>
2/26/09	9	<p>calm med — pt eval</p> <p>the chr vent unit staff</p> <p>— above reviewed vent parameters, pressures, O₂ stats — acceptable</p> <p>not weanable</p> <p>poor prognosis</p> <p>JH</p>
2/26/09	3-4	<p>NSG. V/S. 98.2 82-18 BP 100/68 Augmentin</p> <p>no GT cont no adverse reaction noted</p> <p>No resp. distresses Output 300 cc Will cont monitor — JH</p>
2/27/09	117	<p>NSG</p> <p>FLC output 500 cc — JH</p>
2/27/09	7-3	<p>FLC output 600 cc — JH</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, M

ROOM: _____

CHART # _____

DATE	Nursing
2/27/09	Resident transferred on Augmentin 875mg For (L) leg cellulitis, no patient adverse outcome noted. leg is warm red and swelling, elevated on a pillow. no apparent distress noted. V/S 99.8, 82, R-18 BP 100/60. <u>recept</u> Flat output - 500cc <u>recept</u>
2/28/09	Nursing V/S at 12am 99.2, 84, 18. 108/60. AB contd. 6 AM No adverse reactions. Foley out Put - 300cc - <u>recept</u>
2/28/09	23 6/ cath output 400 cc <u>recept</u>
2/28	NSG
3-11	V/S 100.1 - 80 - 18. Repeat temp 99.4. Augmentin in progress for (L) Leg Cellulitis. Meds feeding tolerated well. Good skin + per care provided. All care rendered. Will cont to monitor. <u>Olivia</u>
2/28	NSG
3-11	F/O output 550cc <u>Olivia</u>
2/29	NSG
6 AM	V/S 100.1, 84, 18. Cooling measures Bowles. Good skin care Pericare Bowles. up feeding as ordered tolerates well mess and TA as ordered. Repeat temp 100.3. Cooling measures Bowles. Resident stable at this time will monitor <u>Olivia</u>
3/1/09	NSG
6:30 AM	PIC out Put 350 cc <u>Olivia</u>
3/1/09	NSG
7:30	6/ cath output 400 cc <u>recept</u>
3/1/09	NSG
3-11	V/S - 99.7 - 82 - 18. O ₂ at 97. BP - 120/80. AB continued - NAR. Redness persists. Feeding tolerated well. Good skin and per care given. Will cont to monitor. <u>Duffy</u>

NAME: Periwa ROOM: _____ CHART # _____

DATE	TIME	
3/1/09		Any
10pm		off output wound.
3/2/09		Nursing
117		U 100.2, 82 18, 100/60 LAD 100.2 AB Augmentin continued for (P) leg cellulitis. No adverse effects noted. Complete care provided. No signs of distress noted. Will monitor for Clotting - Drend m
3/2/09		Nig continued
117		off output 300 cc Drend m
3/2/09		3/ with output 400 cc
3/2/09		MSG. U/S. 99, 82-18 BP 110/64 AB Pneumonia cont. for 2 leg cellulitis. No adverse reaction noted. Good care provided T/P Q 20
3-4		NO resp. distress noted. Renal poor. coughing. Out put 900 cc Gocky
3304		MSG
6AM		U/S 101.0, 82 12 BP 104/60. Tilenor given for temp. cooling measures provided. good skin care pericare provided AB Augmentin cont as ordered. No adverse reaction noted. PT feeling as ordered tolerate well. Repeat temp. 100.2. Cooling measures provided will monitor for changes. PIC output 300 cc
3/2/09		MS
3/2/09		LS to L hip
3/6/09		MSG
3/3/09		Residual (L) hip skin open area about 3x2 cm apply B actin ointment
73		3/ with output 1300 cc

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME: Korroll

ROOM: 2457 CHART # _____

DATE	TIME	NSG
3/3/09	7-11	NSG v/s 989-80-14 BP 100/60 Pupmentum coat. R/cellulitis. no odore reaction noted. Good skin & pericare provided. T/PO 20 No resp. distress noted. Out put 500 cc Guel.
3/4/09	6:30 PM	Nursing F/c out put 400. 11 Round M
3/4/09	7-3	NSG Decubitus note Sacrum Stage IV measuring 10 x 9 x 2.5 cm Clean tissue drainage & bloody color wet-ory dsz & ns wash & around line out as (R) Skin Stage II now clean tissue. at the it is wet-ory dsz now. wd condition improve. change to bacitracin out & ns wash B/B. (R) hip Stage II measuring 6 x 7 x 1 cm dark tissue. wd around some excoriation wet-ory dsz & around line out apply (R) hip bone & superficial skin spot a some redness around apply bacitracin out & cover combine to previous bone area. Res on special air mattress turning position every 2 hrs. VOB - R/c go on for 2 hrs paracet 1 tab q 4 hr for pain control incontinent of B/B getting good skin & pericare. Receiving H/c feeding perative m/c manual. prestat 101 to improve nutrition status wps weekly bedbath daily provide well coat monitor

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: _____ CHART # _____

DATE TIME	
3/4/09	<p>Podiatry Note:</p> <p>Toenails are dystrophic, discolored, brittle and thick. Mycotic toenails are painful and may cause secondary infections/ulcers if untreated</p> <p>Impression: Dermatophytosis toenails</p> <p>Treatment: Debride toenails</p> <p>Recommend: Foot care 2-3 mos. for mycotic toenails</p> <p>Podiatry note</p> <p>Non professional care hazardous due to circulatory impairment</p> <p>Surfing DP non palpable pulse</p> <p>PT non palpable pulse</p> <p>Impression onychomycosis, PVD.</p> <p>Treatment trimmed elongated toenails</p> <p>Recommend prophylactic footcare 2-3 mos for PVD</p> <p align="right"><i>[Signature]</i></p>
3/4/09 NSG	<p>Residents 1 foot + 4th + 5th toe nail beds bleeding</p> <p>Cleansed + bacitracin applied well monitor Walker</p>
3/4/09 10pm	<p>Qref</p> <p>PIC output 900ml.</p> <p align="right"><i>[Signature]</i></p>
3-5-09 6am	<p>NSG</p> <p>V/S 98-6, 82, 116 BP 110/70. AB Augmentin last dose given as ordered for @ leg cellulites. no adverse Reaction noted. good skin care Pericard Bowdler pt feeling as ordered tolerated well. med's and Tx as ordered. p resp. Distress noted. PIC UA RT 300 cc will monitor</p> <p align="right"><i>[Signature]</i></p>
3-5-09 6:15am	<p>MS</p> <p>Repeat temp 100.8. Tylenol given for temp. Cooling measures Bowdler. good skin care Pericard Bowdler will monitor</p> <p align="right"><i>[Signature]</i></p>

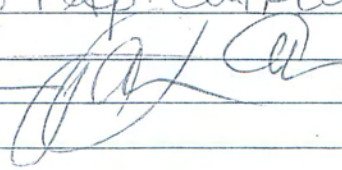



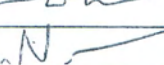
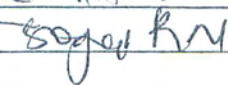
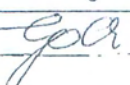
**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Camen. M ROOM: 245 CHART # 8

DATE	TIME	
3/5/09	7:3	NSY blow output 200 ml
3/5/09		pulm med - above reviewed. pt eval @ the ch vent unit staff Vent parameters, pressures, O ₂ sat's reviewed continue track care, pulm toilet, mobilization, nutritional support Not weanable Poor prognosis Data base reviewed Jasson M
3/5/09	3:4	NSB. V/S. 98/84 12 BP 80/60 s/p Nipventin no adverse reaction noted. Reintact poor coordination. Good skin a penicillin provided T/P Q 20. No resp. distress noted. Out put 500 cc. Will cont monitor
3/5/09	11:7A	Resp Case Notes: Sputum culture / sensitivity obtained to Remove from isolation. Aram (RT)
3/6/09	7:3	NS4 monthly note Resident Responsive call name & tactile stimuli Res open her eyes & call name. Severely impaired cognitive skill for daily decision making. long & short term memory poor. totally dependent. App's care & two person impaired of vision & adequate of hearing DOB - R/C 000 box 245 Res had multi decessitated on Sacrum. a (R) hip a (R) Shin 'see healthy decebratus note. Res incontinent of stool & continent of bladder & 1/each fitting

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: _____ CHART # _____

DATE	TIME	cont monthly note
3/6/09		<p>good skin & per a fl cath care Rise on special air mattress & turning position @ 2 hrs. Percutaneous cath @ 8° have pain control before day change. Rx on Ativan & parv for anxiety & depression & side effect of medication. Hx psych @ 3 months. Rise on contact isolation for MRSA w/d GI tube feeding position 25° @ 4° @ 1/2° 100" first p. each feeding & S/S of GI problems Rise completed augmentation for (R) leg cellulitis. No adverse reaction & (R) leg. No swelling & no redness now. Side rails 2 1/2 for safety p R on T&V gastroenteritis & Rps OS. Rise a foot 4th & 5th toe nail beds bleeding noted after podiatry seen & cut the toe nails ordered bacitracin oint apply @ x 2 wks. Rise generalized edematous & (R) arm multi-ecchymotic skin noted. Admission provide gentle skin care & ADL's care w/ B & cut weekly 185° @ 165° @ currently will not monitor — my</p>
3/6/09	10pm	<p>Def: w/ 1004. S2. 16. O2 sat 97% BP 100/70. Cooling & comfort med. applied for low grade temp. Med & feeds to. w/ u. Good skin & pericare provided. T&P @ 20. All care rendered. At 1005. Tylenol given. cooling & comfort med. cont & resp. output noted. Will obs. PIC Output 700ml — </p>
3-7-09	6AM	<p>msn PIC out RA 600 cc — </p>
3-7-09	3 PM	<p>400 cc —  —  — </p>
3/8/09	6am	<p>Flo — 200cc clear urine — </p>
3/8/09	10PM	<p>out put 400 cc — </p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Maren

ROOM: 2457 CHART # _____

DATE	TIME	
3/9/09	11:00	Nursing FIC output 400 cc Dr. Maren
3/9/09	1:00 PM	Asst. FIC output 300cc
3/10/09	6 AM	MSR FIC out RIT 300 cc Dr. Maren
3/10/09	9 AM	NSG Resident during POC's care on A find out 3/1 cath came out & balloon.
	10 AM	Risk diaper wet. but pt's fix up wound reinserted Reinserted 3/1 cath #16 & problems.
3/10/09	3:00	NSG. Out put. 400cc Fol. cath in hole patient - Gosh
3/11/09	11:00	NEG FIC output - 300 cc Dr. Maren
3/11/09		medial Telephone re-insert Foley cath
3/11/09		NSG Decubitus note Sacrum Stage II measuring 9x4.5x3 cm clean tissue bloody drainage & foul odor wet-rag dry & NS wash as (R) Shin stage II measuring 4x4x1 cm slightly yell tissue. Baptism out & NS wash & dry (R) Hip Stage II measuring 7x7 cm. Covered i dark tissue around redness. Wet-rag dry & inc out od around as (L) Hip Stage II 3.5x3 cm it was superficial skin open @ 3/8/09 now getting worse. slightly yell

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: _____ CHART # _____

DATE TIME	
3/11/09 7:3	<p>Went Decubitus note tissue Bacitracin ant. no wash or Res. General condition poor & edematous & multi-erythema Res on special air mattress, turning position q 2hrs O O B - R/C 000 for 2hrs Percut & out as for pain control. No evidence of pain during dry change. Incontinent of bowel & continued of bladder to 7/1 cath getting good skin & per care now & lower leg skin opened approx 3x2 cm Bacitracin & edematous ordered bacitracin ant & no wash R/C Res. receiving G/T feeding percutaneous, mult mineral Phosfat 101 to improve nutrition Status w/B weekly bedbath daily provide well monitor <i>mf</i></p>
3/11/09 NSG	<p>Residents G/C has been poor & now stage II ② hip 2x3.5 developed. Son also updated on same. Will continue to all preventative care & monitor response. <i>GB/aberrant</i> 3/11/09 3/1 cath out put 400 ml <i>mf</i></p>
3/11/09	<p>Left to decubitus to O hrs 55 II unavoidable 2° overall status - Res for heat dependent. Non mobile vegetative state Went to order <i>mf</i></p>
3/11/09 10pm	<p>Off R/C Output 300ml <i>mf</i></p>
3-12-09 6 AM	<p>MSN R/C out put 200 ml <i>mf</i></p>

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME

Karron

ROOM #

2017

CHART #

DATE TIME	
3/12/09	pulm med - p + eval the dr vent unit staff - above reviewed vent parameters, pressures, O ₂ sat's reviewed multiple factors preclude weaning (see data base) poor prognosis continue present ventilator management Gas-MT
3/12/09 3M	output 300 cc ——— good
3/13/09 Nursing	6AM Foley out put 150 cc ——— (Kendall RN)
3/13/09 10P	HC output 500 cc ——— (Kendall RN)
3/14/09 Nursing	6AM Foley out put 400 cc ——— (Kendall RN)
3/14/09 NSG:	SKM assessed under dark hooded skin remains intact. ——— (Kendall RN)
3/14/09 NSG: 11/5	3-4 11/5 98.2 82 16 output 400 ——— (Kendall RN)
3/14/09 NSG:	6AM PIC out put 500 cc ——— (Kendall RN)
3/15/09 11/3	HC output 450 cc ——— (Kendall RN)

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME

Karron M.

ROOM #

CHART #

DATE	TIME	MONTHLY NURSE NOTE
3/15/09	5pm	<p>Res. remains vent dependent. Suctioned prior to mod. amt. of thick yellow secretions. All vent trap. needs anticipated by resp. therapists. Res. is awake & responsive to tactile & painful stimuli. Cognitive skills for daily decision making is severely impaired. Short term memory is impaired. Res. vision is impaired, utilized eye glasses. Hearing is adeq. Res. does not understand & does not make self understood. Requires total dependence & app. 400 person & bathing, grooming, & pericare. Transfer 2 or more people. Res. push to recliner chair & get for a couple of hrs. then back to bed. Res. is on a floor room program. Phrom 5 sent to & it ext. Res. incontinent of bowel & continent of bladder so HC not toileted. HC draining amber urine. Output monitored q.s. Diaper & d. 2-4 p.m. Good skin & pericare provided. TTP 20 while in bed. Receiving Ativan 1mg q 6 p.m. & behavior problems noted this time. Res. is fed via g-t. formula 250ml & 40% O2 sat. flushed at bid. tol. well. 2-12 siderails in while in bed 2° propping/positioning. Wtbs cwt given wkly. Bed bath given bid. Res. & multiple decubiti (see decubiti doc & notes). Tx. provided as ordered. Receiving Percocet 3/325mg i tab q 8h for pain & s/s of pain noted upon dx. Res. HC tx. of hypothyroidism. Receiving Synthroid at bid. TSH monitored. Contact isolation maintained for MRSA. All care rendered & resp. distress noted. Will obs.</p>
3/15	10p	<p>HC Output 400ml</p>
3/16	11p	<p>WS</p>
3/16/09	3p	<p>7/c output 200 cc</p>
3/17/09	6Am	<p>NSG. Output 400 cc</p>
3/17/09	6Am	<p>NSG. Output 250 cc</p>
3/17/09	2pm	<p>NSG. I/cath output 600 ml</p>

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME Karron ROOM # 240A CHART #

DATE	3/17/09	NSG
TIME		Resident off isolation moved to 240A all belongings, family notified by Social Service & DD/Delaware
3/17/09	10:56	Out put - 300 cc
3-11		Good
3/18/09		NURSING
6A		12mmHg - 100.3 - 82 18 - 120/80 - LFT 100.5 Tympanic at entrance. Cold, measures applied 1/2 Vol/100. 2nd cc - 111 feeding + med. 10/10/09 w/ 1/2 cc of 100. 10/10/09. 10/10/09. 10/10/09 maintained w/ 1/2 cc of 100. 10/10/09. 10/10/09 to monitor for Clotting - 10/10/09
3/18/09		meds
		Room - B - T.O. Signer OK isolation
3/18/09		Social Serv.
		Musk was moved from 245A to 240A as she no longer requires isolation. Family made aware. All belongings moved. Musk seems comfortable in her room - 10/10/09
3/18/09		NSG
10A		1/5 100.2 P2 14. Resident noted slightly tempo. provide cooling massage.
2pm		Re temp: 100.0. Res given blanket + cooling massage. Completely Dor's care + comfortable position provided will continue output 550 ml - 10/10/09
7/1/09		NSG
		W. H. II to (B) hip deformed to ST. IV - unavoidable to pt's overall medical condition Diet dependent - 10/10/09. 10/10/09 to 5' d. as per protocol for deformity 10/10/09

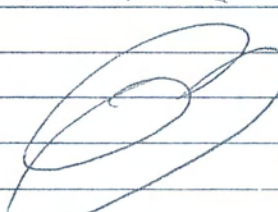
INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

NAME Karron ROOM # 240A CHART # _____

DATE	TIME	NOTES
3/18/09	10p	Alg A/C Output 400ml
3/19/09	6AM	NSR V/S 101, 40, 118 BP 120/66. Temp given for temp. cooling measures. Bowel. good skin care. Penicillin Bowel. 4.7 feeding. as ordered. Temp. 101-11. Temp given. Cooling measures. Bowel. PIC out at 300 cc. Resident stable at this time. in monitor. Jm Lm
3/19/09	12:30	NSR Resident (L) hip decubitus worse. RA G/C Poor & Echematous. W/ fragile skin. provide gentle skin care & back care. order change to silverdura or to (L) hip as well monitor. Jm
3/19/09	10AM	V/S 100.7 82, 12 BP 120/80. Resident noted Temp given & hand cooling massage. Refup 99.0 @ 2pm. 3/ cath output 160ml. Jm
3/19/09	2pm	Refup 99.0 @ 2pm. 3/ cath output 160ml. Jm
3/19/09		Paln med - above reviewed Pt eval by the ch vent unit staff Vent parameters, pressures, O2 sat's reviewed Continue track care, paln toilet, mobilization, nutritional support. Not weanable Jm M1
3/19/09	3-4	NSR Out put 650 cc
3/20/09	6AM	NSR PIC out at 400 cc

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron Marion ROOM: 24A CHART # _____

DATE	TIME	NOTES
3/20/09	6:00pm	WURRING 11:45pm 11:45 - 12:00 - Resident noted breathing difficulty - Nebulizer 1x adm as ordered by mp by RT. Advan 1mg vial adm as ordered. Resident PR and made her comfortable as possible. Resident again started difficulty breathing at 6:00pm. Advan 1mg vial adm as ordered. Resp. Tx adm by RT as ordered by mp. Bed rest maintained. Complete PM Care provided. No s/s of distress noted. Will monitor PR closely for any changes. <i>[Signature]</i>
3/20/09		med
		PT: stage II Decubitus (U) hip to O to Silverden No neurotic area No sign of infection
		
3/20/09	2:30	11:45 Decubitus Note (L) Hip stage III 4x3 ⁱⁿ discolored to dark. Silverden or p no wash as. Sacrum stage IV measuring 9x8x2 ⁱⁿ clean pressure & bloody drainage 5 foul odor. Wet - one day no wash as. (R) Skin stage II measuring 1.5x0.8ⁱⁿ slightly yellow - Bactrim - either (R) Skin resolved. (L) Skin also skin tear & edematous @ 3/11/09. Bactrim oint approx 1.5x0.8 ⁱⁿ now: will classif monitor. (R) Hip stage IV measuring 7.5x10 ⁱⁿ black tissue curdled dig, no wash as. Res on special air mattress turning position q2hrs. OOB - 10:00 OOB for 2hrs Percocet 1 tab q4h for pain control.

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: 1 Cameron ROOM: 245A CHART # _____

DATE	TIME	
3/20/09	23	NSG cont description note No evidence of pain during day change incontinent of bowel content of bladder o H cath getting good skin & peri care o H cath care. Receiving G/T feeding perative. m/c & mineral probiotic 101 to improve nutrition status w/ PB weekly - bedbath daily provide nff
		Resident poor condition to Labor breathing sound groom bedbath today. will be done body int o tomorrow nff
10am		V/S 100.7 86.16. BP 110/80. Resident near to lung & cooling massage
2pm		Relief 98.9 well mounted nff H cath output 600 ml nff
3/21/09		NSG
6:15am		V/S 100.3, 80, 18 110/60 BP. Cooling measures provided. good skin care pericare provided G/T feeding as ordered tolerates well Repeat temp 100.0. Resident stable at midline. FIC out at 300 cc will monitor & resp. distress notes. nff
3/21/09		N/A 7-3 V/S 100.1 - 84 - 18 - NO Respiratory distress. Remains weak. Total care rendered. T/P Q&W. Repeat Temp 100.3. Cooling measures rendered. O= 300cc nff
3-21-09		V/S 100.5 82.18 BP 94/62 T/Lent 8mm. RPI - 3-11 100.0 - H. Warshawick R.N.
3-21		FIO = 500cc - H. Warshawick R.N.
3/21/09	6:45	V/S 99.8. 82.18. 90/50 G/Tube feeding in progress. Incontinent care rendered. Lum 99.7 100.7°F T/Lent 8mm Cooling Poor sleep FIC out at 300cc nff
3/22/09	7:3	NSG. Poor condition V/S 99.2 - 82 - 16 90/60. Comfort care provided. FIC output 350cc - Will monitor - nff

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: Kerron ROOM: 240A CHART # _____

DATE	TIME	NOTES
3/22/09	3-4	NSG. 100 ² -84-18 BP 110/60 (cooling med). provided. good skin & pericare provided. T/P 220. No resp. distress noted. Will coat monitor output 400 cc - good.
3/23/09	11:57	Nursing U/I 100 ⁸ -84-16 11/62. Tgt adm as ordered. Cold measures applied. LPT 100-9. Complete RN care provided. U/I feeding & meds tolerated well. PIC draining amply. 04.00 - 300 cc. No S/S of dehydration noted. Bed rest maintained. Will monitor pt closely for any change. Demand p
3/23/09	10 AM	Resident noted mild temp provide cooling massage - sternal 20" stim via 4/E. Retup 97° @ 2pm. Will coat monitor 3/inst output 300 cc - mfh
3/23/09	10 PM	Only PIC output 400 ml
3/24/09	11:57	Nursing U/I 101 ² -78 12-11/6. Resident noted to (R) - after the area reflexed to cough and swollen throat. Tgt adm for 100-9. Will MD over p/crson
3/24/09	11:57	Nursing assessment note Resident remains on vent dependent. All resp care provided by RN as ordered by MD. Resident remains awake and responsive to painful tactile stimuli. Cognitive skills for daily decision making is severely impaired. Short/long term memory is impaired. Vision is impaired using eye glasses. Hearing adequate. Resident does not understand and does not make self understood. Other requires total care with all ADL status. Two person total assist for bathing dressing/grooming and pericare. Two or more persons for transfer on over 12" PIC chair (as ordered 6 AM to 8 PM for 2 hours scheduled). Resident has contracture of (R) Ankle and (L) Ankle - ROM to 70° extremities to resp. G-shift provided. Resident is

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: _____ CHART # _____

DATE	TIME	NURSING CONTINUED
3/24/08	11:00	In control of bowel function and continuing bladder function due to Foley Cath. monitored output Q shift. Good skin - pericare provided. Changed dressings and kept clean & dry as possible. Resident is getting pain for depression. Admin 1mg Vicodin. 600mg for agitation admin as ordered. Resident is getting perspire 250 ml. Gait on center pump at 95 lb. stable. Weigh weekly. Wt monitored - 3/21/08 Wt. 182.2 lb. - Stable - Vt monitored. Itup noted. pericare. TPN admin as ordered. pericare. Resident's general condition is weak. Resident in multiple decubiti. Itup noted as ordered by MD. positioned. Wt 182.2 lb. Hip step II, Sacrum stage II (R) Hip stage II - Resident on special air mattress. Resident's getting perspire on perspire admin as ordered. Gait. Wt 182.2 lb. And perspire daily. - Please see decubiti note on 7.3. Sub 3/20/08. Resident is using zip side railings when bed for positioning. Propping. Contact is. Admin 1mg Vicodin. Room changed to 245. Room 245. Complete DPH care provided. Notes by any gait. Rep. Contact. Changes in status. Done.
3/24/08	6AM	PIC out. RIA 300 cc. ————
3/24/08	10:00 AM	NSG U/S 100° - 14. Resident noted mild temp. given blinal & cooling massage.
2pm		Re Temp 100.7. Repeated blinal 20° - 100° as per ordered. Res general condition poor & edematous all extremities elevate all extremities & tolerate well monitor.
3/24/08	3-4	NSG U/S 100° - 88 - 18 BP 100/60 Tylenol & cooling meonine given. Good skin & pericare provided. T/P Q2h. Temp. rep. 100° cooling meonine provided. No resp. distress noted. Det put 300 cc. Will count meonine ————

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

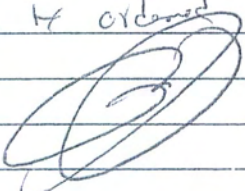
NAME: Karron. M

ROOM: 240¹⁷ CHART # _____

DATE	TIME	
3/25/09	11:17	W/11/11/12 V/S 100.6 - 86.18 - 94/60. T/M 94/60 a order Cold measures applied. 48 T/100. Complete BIK Care provided. Bed rest maintained. General condition very weak. No S/S distress noted. Well monitored Chiefly for cym changes - Vonded M NSG continued F/C output. 300 U And M
3/25/09	10:00 AM	RESG V/S 100.9 86.16. Resident noted temps given blend & cooling massage 2pm Retemp 99.0 will cont monitor cym H/Cath output 550 ml
3/25/09	10:00 PM	Def: F/C output 700 ml
3/26/09	6 AM	NSM PIC out RIT 500 cc
3/26/09	10:00 AM	NSH V/S 100.6 84.16 BP 130/80. Resident noted mild temp. given blend & cooling massage. Retemp 98.0 @ 2pm. R) hip wd worse & necrotic tissue on cursant dsg ag. drainage & foul odor. ordered official eval for debridement 2pm Retemp 98.0 wei monitor mfx H/Cath output 600 ml
3/26/09		Pulm - above reviewed. Pt eval & the chr vent unit staff. Vent parameters, pressures, O ₂ pats - reviewed Continue track care/ pulm tile + mobilization/ nutritional support No + weanable

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: 2401A CHART # _____

DATE TIME	
	Overall prognosis is poor - <i>[Signature]</i> MD
3/26/08	NSG V/S. out put 500cc V/S. 99° - 84-18. 90/60 good skin & pericare provided. T/P/Q 20 No reg. dishes noted well monitor - good
3/27/08 117	Nursing 12mm U/I 101.2 SV 14. 10/16. Tylenol 400mg ordered Cold measures applied. F/c draining amber urine Ox/Ral 350 - Reported temp 100.8. Tylenol repeated. Bed rest provided. Complete ADL care provided. No sig. changes noted with monitor PT closely for any changes in status. <i>[Signature]</i>
3/27/09	med ② hand skin tear Local H ordered 
3/27/09 7-3	NSG. weekly glucose note; ② Dep size 3.5 x 2. Bloody crusts. Reddened N/S with Silvadene Cr. applied q.s. Sacrum. Stage IV size 9 x 8.5 x 2cm depth Area Reddened Clean. Local R/c hut to dry & zinc oxide paint grounds Area q.s. R/Wip stage IV size 9 x 10 x 1cm depth dead tissues & rough & foul odor noted p N/S washed & hut to dry dry applied q.s. positioned & turned q 2° & per Tiley bath patient & inserted & good junctioning good per, good oral hygiene made comfortable as possible provide supplement & prenatal 3000 WGT x10 &

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, Marion

ROOM: 240A **CHART #** _____

DATE	TIME	Notes
		Can't to weekly scheduled notes
		NSG
3/27/09	7-3	M-vit c mineral 30u in G/T & feeding c tol. well @ present time. Res. Vegetative status Vent dependent maintained Continue to observe for any s/s of fondle F/E output 750u <i>[Signature]</i>
3/27/09	10pm	NSG F/E Output 500 ML <i>[Signature]</i>
3/28/09	6am	NSG PIC out RIT 1100 CC <i>[Signature]</i>
3/28/09	7-3	NSG v/s 100's 82.16 Bp 130/80 Resident noted slightly tempo. provide cooling massage. Re Temp 101.4 @ 2pm. 911mm T/temed to cooling massage again. Res finding on surgical eval for (R) h.p. necrotic. foul odor was last observation. T/ with output 700u Res generalized Edematous & elevate all extremities as tolerate <i>[Signature]</i>
3/28/09	3-11	NSG v/s 101.4, 84, 16 B/p 126/65 Tylenol given, cooling measures provided Repeat temp - 99.7. No Resp distress noted, w/t feeding tolerated. Resident resting well - will continue to monitor F/E output - 300u <i>[Signature]</i>
3/29/09	6am	NSG PIC out RIT 200 CC <i>[Signature]</i>
3/29/09	1pm	NSG v/s 99.7 80 18 Resident shows no s/s of resp distress @ present. Resting comfortably. Morning ADL completed. Well continue to monitor. T & P Q2 maintained <i>[Signature]</i>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: _____ CHART # _____

DATE	TIME	Notes
3/29/09	10pm	Def. 100.6 80-16. Oyat 97. BP 110/70. Tylenol & cooling meas. applied for temp. Res. made comfortable. Meds & feeds tol. well. Good skin & per care provided. T/P 9.2. All care rendered. Sp. 95.7. Resp. distress noted. Will observe. PIC output 200ml.
3/30/09	11n	Nursing 4/1 101-86 16. 100/60. Tylenol admin as ordered. Cold measures applied. All feeding tolerated well. Complete PM Care provided. PIC draining amber urine. Ur. 1200 cc. UA 101.3. Tylenol repeated. No resp. distress noted. Always 1mg Vent 15 admin for 19mg. 1/2 ibuprofen with some effect noted. Bedrest provided till 6pm. Will monitor & Clusby - Doneud
3/30/09	10am	NSG 100.7 82 16. Res. dist noted. Temp given to rectal & cooling massage.
2pm.		Rectal 98.9 completely Ana's care & comfortable position provided. PIC cath output 300 cc.
3/30/09	3-4	NSG. Out put 900cc urine yellow & clear. V/S 98.7 80-16 BP 100/64. Good skin & per care provided. T/P 9.2. Treatment same as order. No resp. distress noted. Will continue monitor. Good.
3/31/09	6am	NSG V/S 100.2 80 16 BP 100/60. Cooling measures provided. Good skin care provided. q. 1 feeds as ordered tolerated well. Repeat Temp. 100.2. Cooling measures provided. mess and TR as ordered. & Resp. distress noted. PIC out put 500 cc noted. will monitor - Doneud

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, M

ROOM: 200^A CHART # _____

DATE TIME	
3/31/09	<p>Mail</p> <p>Family signed Agmt to comfort measures only (no test or bloodwork) (no hosp.)</p> <p align="center">M</p>
3/31/09 10 AM	<p>254</p> <p>v/s 100/9. s2. 14. BP 120/70.</p> <p>Respirator noted lungs g/lm - blue at 10:00 am massage. R. Temp 99.6 @ 2 pm.</p> <p>Res. on comfort care & provide comfortable position. output 350 ml</p>
3/31/09	<p>Dietary Decubiti F/U</p> <p>Left hip stage III measures 3.5 x 2 = decrease in size</p> <p>Sacrum area stage IV measures 9.8.5 x 2 ↓ in size</p> <p>Rt hip stage IV measures 9 x 10 x 1 ↑ in size</p> <p>Rt side left leg ^{stage II} measures 1 x 1.3 ↓ in size</p> <p>Local care reduced & on med supplements</p> <p>Provide 101 30cc TID & on G tube feeding & Peristaltic receiving sufficient calories & protein & also on Certavite multivitamin & minerals.</p> <p>Will continue to monitor & proceed to current nursing care plan.</p> <p align="right">RN Deer</p>
3/31/09 3 PM	<p>Net. out put 500cc</p> <p align="right">Goch</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron M ROOM: _____ CHART # _____

DATE	TIME	NOTES
4/1/09	11h	Nursing Vital 100.6, 80-18, 100/60-48 T 100.5. Tylenol admin as ordered. Cold measures applied. Complete comfort care provided. Comfort measures provided. F/C output 100. U. 10. No s/s distress noted. Bedrock maintained. Will monitor PT closely - Dr. [Signature]
4/1/09	10:30am	NSG v/s 100.8 & 86 12 BP 100/60 Resident noted temp. gum & oral cooling massage 2pm. Re-Typ 98.1 completely aware & comfortable position provided used monitor 3/100/60-60
4/1/09		Social Services Late Entry ASW + IDT members spoke to son, Al about comfort care measures. He felt it would be his mother's wishes to this time to have no further aggressive treatment. Subsequently, Mark completed comfort care form in front of chart. thru to the as needed [Signature]
4/1/09	10pm	ASW PIC Output 50ml [Signature]
4-2-09	6am	NSG v/s 100.3, 80 118 BP 90/60. Cooling measures provided good skin care pericare provided. pt feels as ordered tolerates well. Comfort measures provided. Relet temp 100.4. Cooling measures provided. Will monitor [Signature] [Signature]
4-2-09	6:00am	NSG PIC out pt 200 cc [Signature] [Signature]

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Carron, m ROOM: _____ CHART # _____

DATE TIME	
4/2/09	<p>Met Carron on R pt & left voice message M. Kahr</p>
4/2/09	<p>NSG: Dr. Kahr had called sons & he called back he had no questions for the doctor I updated him on current status & he was OK to my explanation (Walsh)</p>
4/2/09 10am	<p>NSG v/s 100" & 2.16 BP 120/90 Respiratory noted mild temps provide cooling massages. Re Temp 101.6 @ 2pm blow down i coil cooling massage provide completely abs 2's can't comfortable position provide well monitor (comfort measures only) Pulmonary: - a bove reviewed At eval. to the dr vent unit staff Vent parameters, pressures, O2 sat's - acceptable not weanable poor prognosis Continue track care, pulm toilet, mobilization, nutritional support D. Kahr</p>

SILVERLAKE-KARRON-000424

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE	TIME	
4/2/09	10pm	Urine Output 300ml — JAW
4/3/09	1130am	Urine
6am		Urine out pt 300 cr — JAW
4/3/09	7-3	<p>vs 4 monthly note</p> <p>Rx responsive tactile stimuli severely impaired</p> <p>Cognitive skill for daily decision making</p> <p>Long & short term memory poor. impaired</p> <p>of vision & hearing totally dependent ADL's</p> <p>care: TWO person OOB - R/c app for 2 hrs</p> <p>Rx general condition poor. & edematous.</p> <p>Rx on comfort measures only</p> <p>Incontinent of bowel. continent of bladder</p> <p>5 fl cath. getting good skin & perineal care</p> <p>Rx had multi decubitus on sacrum</p> <p>& (L) hip. "see decubitus note"</p> <p>Rx on special air mattress. turning position</p> <p>every 2 hrs percutaneous cath at 8" for pain control</p> <p>Rx still no contact resolution. due to no longer</p> <p>MRSA in wound. Rx on steroids 2 1/2 for safety.</p> <p>Receiving G/T feeding formula 250 cc of</p> <p>10% H₂O flush & s/s of G/T problems.</p> <p>WPK not useful. bed bath daily provide</p> <p>10-12 lbs @ currently Rx no respiratory issues</p> <p>at this time. unstable temps noted blanching</p> <p>prn cooling massage. also Rx pending on</p> <p>surgical consult for (L) hip necrotic tissue</p> <p>will call monitor — MJ</p>
4/3/09	7-3	<p>vs 4. Decubitus note</p> <p>(L) hip stage 4 measuring 6x4" dark tissue</p> <p>around redness silencing or 5 hrs wash w/</p> <p>Sacrum stage IV measuring 9x8x2"</p> <p>clean tissue bloody drainage & foul odor</p> <p>wet dry dry 5 hrs wash w/ around sine out</p> <p>apply (L) hip stage 4 measuring 10x10x1"</p> <p>same clean tissue mostly necrotic tissue</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron. Marion ROOM: 240A CHART # _____

DATE	TIME	CONT. DECONTAMINATE
4/3/09	7:10 PM	<p>fecal odor drainage. wet-dry dog paws wash as. Res on special air mattress turning position @ 2 hrs</p> <p>DOB - R/C OOB for 2 hrs no tolerate incontinent of bowel. continent of bladder</p> <p>7/ cath getting good skin & peri a 7/ cath care. Receiving g/t feeding. perianth muc minimal. prestat col to improve Nutrition Status. perianth 7 tab @ 8 for pain control. No evidence of pain during dog change. W/B weekly bedbath daily provide well cont monitor</p> <p align="right">mf</p>
4/3/09	10:00 AM	<p>dog</p> <p>vis 101.5 & 4. 14. Resident noted spike temps. provide cooling massage & give ibuprofen</p> <p>2 pm. Retup 101.2 Repeated ibuprofen & cooling massage. Res inup comfortable position & turning position @ 2 hrs. W/B monitor</p> <p align="right">mf</p>
4/3/09	10 PM	<p>mf</p> <p>mf</p>
4/4/09	6 AM	<p>vis 101.0, 82, 18 Tylenol given for temp cooling measures Bowides. Good skin care peri care Bowides q1 temp as ordered tolerated well. Releant temp 100.5. Tylenol given. cooling measures Bowides PIC int pit</p> <p>W/D loc with monitor</p> <p align="right">JSM</p>
4/4/09	6:00 AM	<p>mf</p> <p>mf</p> <p>mf</p>
4/4/09	NSG	<p>pkw assessed under track holder + pkw remains intact</p> <p align="right">D Albew</p>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron ROOM: _____ CHART # _____

DATE	TIME	ASSESS
4/4/09	5pm	<p>101.8 76.4 BP 90/70</p> <p>Resident noted bumps given blanket & cooling measure. Retemp 101.4 @ 9pm</p> <p>Repeated blanket & cooling measure</p> <p>completely aware & comfortable position provide 3/ with output 400ml</p>
4/5	6A	<p>NG:</p> <p>Temp 101.3 80.16 110/80. Ty/9</p> <p>Cooling measures, repeat temp 102.4</p> <p>Tylenol & cooling Repeated s/t flush</p> <p>H2O as indicated. Comfort measures</p> <p>given. Foley cath output 300 cc</p> <p>800 cpm</p>
4/5/09	73	<p>SPT temp VS 99.8-78-16 100/70</p> <p>FIC output 400 cc</p> <p>breathing - RAC + 3</p> <p>perfusion RN</p>
4/5/09	4/6/09	<p>Foley output 300 cc</p> <p>Good.</p> <p>NURSING</p> <p>100.8-82.18 90/70 289/92 1/2 Tylenol</p> <p>admin as ordered. Cool measures applied Repeated temp</p> <p>101.4 Tylenol repeated. FIC output 300-cc. Complete</p> <p>opi care, provided. Comfort care provided. Bed rest</p> <p>provided this morning. no s/s of distress noted. w/</p> <p>monitor for clarity - 10m</p>
4/6/09	7-3	<p>NG</p> <p>3/ with output 530ml</p>
4/6/09	10pm	<p>Assess</p> <p>101.2-84.18. O2 sat 97% BP 114/88. Tylenol & Cooling</p> <p>meas. applied for 4 temp. Res. made comfortable.</p> <p>Medi & fields to. well. Good skin & pericare provided</p> <p>T&P 92.0 All Care rendered. Rpt 99.8 & resp. distress</p> <p>noted. Will obs.</p> <p>FIC Output 400ml</p>

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: Karron M ROOM: 240A CHART # _____

DATE	NSR
TIME	V/S 101-8, 86/118 BP 120/72. Temporal given
4-7-09	for temp. cooling measures. Bowles
6AM	good skin care. Pericare Bowles
	up 7 feet as ordered. tolerated well.
	Replant temp. 101.3. Temporal given. cooling measures.
	Bowles. Pres. notes at mid time.
	PIC at RIT 400 cc notes. will monitor
	for changes. SSN LFN
4/7/09	NURSING
11:27	Resident noted skin tear on (L) elbow. Area
	cleared with p/s and applied dressing. will monitor
	for TX - Donald
4/7/09	MM
	Locat R. Lthw Stnta
4/7/09	NSR
10AM	O/S 100° 82 16 BP 120/100
	Resident on comfort care & provide comfortable
	environment. noted mild temp. apply cooling
	muscle. Re temp: 98° 7 @ 2pm. will continue
	monitor.
	1/ cath output 500 cc
	inf
	ad
	Respiratory Therapy
	Tracheostomy Tube changed by ENT
	Consultant Dr. Bhyanni
	Date: 4/7/09
	RT Sig.: [Signature]

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Cumun. M ROOM: 240^A CHART # _____

DATE	TIME	RES CARE NOTES
4/7/09	8:00P	Tracheostomy tube changed on 4/7/9. The New tube of the same number was inserted without any difficulty according to the facility's protocol. No bleeding noted. Breath sounds Bilateral. patient is stable continue to monitor. (RT)
4/7/09		Dental see Dental Notes <i>[Signature]</i>
4/7/09	3:00	NSG. V/S. 101.5 - 84 - 18 BP 90/60 Tylenol 2 cool. measure given. good skin & pericare provided. T/P 22.0 No resp. distress noted. Temp resp 101.4. Tylenol. & cooling meas. resp. Out put 400 cc — Gock
4/8/09	11:00	Nursing 4/101.6 - 88 18. 100/60 40. T 101.9. Tylenol 2 cool. as ordered. Cold measure applied. Comfort care provided. Comfort care provided. No resp. distress noted. Will monitor. <i>[Signature]</i>
4/8/09	11:00	NSG. Continued File output - 200 cc <i>[Signature]</i>
4/8/09	10:00 AM	NSG V/S 100.8 80 18 BP 110/70 Respirator on comfort care. mild temps noted provide cooling massage & will monitor. <i>[Signature]</i>
4/8/09	5:00 PM	Re temp 102.0. Res given to anal in cooling massage again. b/cath output 500 ml <i>[Signature]</i>
4/8/09	10:00 PM	Def. V/S 100.9 78 18. O2 sat 97% BP 105/70 Tylenol & cooling meas. applied for temp. Res. made comfortable. Meas & feeds for well. Good skin & pericare provided. T/P 22.0 All care rendered. Pt. 100.8. Tylenol cooling meas. repeated. Comfort meas. given. & resp. distress noted. Will obs. <i>[Signature]</i> File Output 200 ml <i>[Signature]</i>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: Karron, M ROOM: 240A CHART #

DATE	NSN
TIME	V/S 100-21, 78, 18 BP 100/60. Tylenol given for temp. Cooling measures provided. Good skin care pericare. Bowels. pt feels as ordered tolerates well. Repeat temp. 100-6. Tylenol given for temp. Cooling measures provided. PIC out RIA 300 cc will monitor. 830 1PM
4/9/09	NSN
1012	V/S 100-4 82, 18 BP 85/60. Residual noted mild temp. provide cooling massage. a keep comfort care.
2pm	Re Temp 101.7. Res given to mind. cool cooling massage provide
4/9/09	Pulm med. pt eval
	The chr vent unit staff
	vent parameters, pressures,
	O2 sats - acceptable
	continue present
	ventilator management
	not wearable
	Poor prognosis
	<i>(Signature)</i>
4/9/09	Ans.
10pm	V/S 102.5-86-18. O2 sat 96% BP 110/60. Tylenol & cooling meas. applied for temp. Res. made comfortable. Meds & feels for well. Good skin & pericare provided. TTP 20. All care rendered. pt 101.8. Tylenol & cooling meas. repeated. Comfort meas. cont. & resp. distress noted. will cont. to obs.
	FLC output 200ml
	<i>(Signature)</i>

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE	TIME	NOTES
4/10/09	4:00am	Nursing V/S at 12am 103, 86, 18, 110/60. Tylenol 20cc via 9in gum. cooling measures provided. 4am temp 102.1 Tylenol rechecked. E-dry intact, draining clear urine output 40cc - Total care provided. will monitor - Alerthy 3dr.
4/10/09	6am	NSG E-dry noted came off. New E-dry for 18 inserted. under aseptic technique. Tylenol and cooling measures provided at 4am. will monitor - Alerthy 3dr.
4/10/09		Reiter left hip decubitus worsening - will monitor & flap IV protocol NPRN W
4/10/09	7:30	NSG Decubitus note (L) hip Stage IV measuring 6x4.5cm dark tissue & small ting opening & slightly drainage. foul odor. this was silundermer pns wash now changed the wet-dry dsg & around sine out apply Sacrum Stage IV measuring 9x7.5x2cm clean tissue bloody drainage & foul odor wet-dry dsg pns wash around sine out (R) hip Stage IV measuring 11x10x1.5cm mostly clean tissue & some yellowish tissue bloody drainage & foul odor. wet-dry dsg pns wash as. Resident on special air mattress turning position q2hrs OOB-R/c for 2hrs OOB. Recently R/c poor condition & R/c down in bed. incontinent of bowel continent of bladder & H/cath getting good skin & pericard. & H/cath care. Receiving 6/2 feeding peristaltic. M/W mineral probiotics to improve nutrition status. Res generalized edema. Res not provided WPB today. provide good bedbath due to labor breathing will wait monitor. Res on Percocet 7 tab q8h for pain control. No evidence of pain during dsg change.

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: _____

Caren m

ROOM: _____

240²

CHART # _____

DATE	TIME	
4/10/09	8:55	V/S 101.4 & 4 16 BP 100/60
10pm		Resident in poor condition. Labor breathing apparatus provide suction & by nebulizer. noted spike temps. Glue to head & cooling massage
2pm		Re Temp 101.6 repeated Glue to head & cooling massage again well monitor
		bl with output 450ml
4/10/09	10pm	Anal. V/S 102.5, 86, 18. Oxy 97%. BP 100/60. Tylenol & cooling mass applied for temp. Res made comfortable. Meds & feeds for well. Good skin & pericare provided. TPR's. All care rendered. Apt 100. Cooling & comfort mass. Cont. to resp. distress noted. Will obs.
		HC Output 75ml
4/11/09	6AM	V/S 101.1, 86, 18 BP 80/50. Tylenol given for temp. Cooling measures provided good skin care pericare Bowden mass and to as ordered & resp. distress noted at mid time. Repeat temp 101.8. Tylenol given. Cooling measures Bowden. PIC at PIT 200 ml
4/11/09	10AM	V/S 102.1 & 2 18. Resident noted temp. Glue to head & cooling massage
2pm		Re Temp 99.4. Completely A&S care & comfortable position provide
4-11-09	3-11	V/S 103.1 - 86 - 18. Tylenol given. Apt 101.3
4/12/09	6AM	Tylenol repeated. PIC 200 ml - H. Harshman
4/12/09	6AM	V/S 103.5, 86, 18. Tylenol given for temp. Cooling measures Bowden. good skin care pericare Bowden comfort measures Bowden. at temps as ordered tolerated well. Repeat temp 102.2 Tylenol given. Cooling measures Bowden. PIC at PIT 100 ml noted

**Silver Lake Specialized Care Center
INTEGRATED PROGRESS NOTES**

NAME: _____ ROOM: _____ CHART # _____

DATE TIME	
11 AM 4/12/09	NSG. V/S 101, 84, 18. Resident given comfort care. Cooling measured given for temp. No S/S of resp distress noted @ present. Turn & position Q20, maintain. All morning ADL's performed. Emotional support given. Will continue to monitor. ————— Palmera, R.J.
4/12/09	Feeling Outpatient 150°C ————— Palmera, R.J.
4/12/09 3-11	NSG. V/S 100.1, 86, 18. O2Sat 97.2. BP 100/76 outpt 200. Repeat temp @ 9 pm 100.7. NRD noted. Cont. to monitor. Side rails 1/2 up for safety. Call bell is within reach. ————— S.S. Jolly, R.J.
4/12/09 3-11	NSG - monthly Notes Res. Continue care in an SNF setting. Cognitive skills severely impaired; never rarely made decisions. Short & long term memory impaired. Impaired vision. Res. has ability to make self understood & sometimes understood. Has ability to understand others & sometimes understands. Has adequate hearing. Total dependence, two person assist for bathing, dressing & grooming. Res. needs two or more assist for transfer. Res. is vent dependent & unable to assist. Res is chair fast & wheelchair. Totally dependent for bed mobility. Res. has bowel/bladder incontinent. Social isolation & altered mental state, limited physical ability. Res. exhibits sad & anxious mood at times. Res. is confused & disoriented. All ADL's care given & made comfortable in bed with side rails 1/2 up & call bell within reach. NRD noted during shift. Cont. to monitor temp & document any changes ————— S.S. Jolly, R.J.

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES

NAME: Karron Marion ROOM: 240A CHART #

DATE	TIME	NOTES
		nursing V/S at 12am 101.2, 84, 18. 118/60. Tylenol 300mg
		cooling measures provided. 4pm Temp 102°F. Tylenol
4/13/09	6 am	and cooling measures provided. Foley intact 200cc will monitor - Alenka 3Rv
4/13/09	8:30 am	Nurtime/ Resident's condition is worsening. pulse very feeble B.P. 7. comfort care maintained. called the family and spoke to Theresa Karron and notified of the current status. will continue to monitor - J. H. Lunka
4/13/09		heart D+ on perfused case - due to terminal disease possibly infarct Re - - - - - will start IV fluid Q 2 hr families request
4/13/09		Res. came into 7-5 unable to obtain a Sat 2° to poor perfusion, pt given supplemental O ₂ can't maintain
4/13/09		Nocx 7-3 -> IV site on (R) arm. WF 12 NS 1L Q 12 hrs x 48 hrs ordered by MD. Resident very pale. Arms cool to touch. Pulse weak. Unable to obtain BP on auscultation. Will continue to monitor and make frequent rounds.
4/13/09		Nocx 7-3 -> VS -> 101.7 19-18. Tylenol 200mg given via 6-tube and cooling measures ^{repeated} continued. will continue to monitor closely - J. H. Lunka
4/13/09		2pm -> Resident remains pale. Temperature repeated = 98.9. Toes mottled. Torso remains warm to touch. Bilateral arms and feet cool to touch. Still unable to obtain BP.
5:05 pm		Resident found to no pulse on V/S. On Comfort Measures Torso cool to touch. B.P. Son noty. on his way here. ill. Family noty for death certificate to be done. Body wrapped - belongings packed. Awaiting funeral home. Nurtime

SILVERLAKE-KARRON-000434

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME:

CHART #

CHART #

DATE	TIME	
4/13/09		Social Sves: ARW called & spoke to son, Abe about his mother's overall poor + deteriorating condition. Visiting hours to be extended if he wants to come to SC, ok'd by DON, Mrs Braun. ——— <i>Stewart</i>
4/13/09	8:45pm	Nursing Body pick up Plaza Lewis & Clark Community - 630 Amsterdam Ave. & 180th St
4/14/09		Social Sves: Mrs K passed away last night @ SC. a per above hist. Family aware. Condolences offered. Sympathy card sent to first contact. Belongings placed in storage pending notification. Def. family — <i>Stewart</i>
4/14/09		NSG: Resident expired, all belongings packed & placed in storage for son to pick up. <i>WALBEN/K</i>

Silver Lake Specialized Care Center
Psychiatric Consultation Report

Resident's Last Name: Karron First Name: Marion Room #: 237
Reason for request: Agitation, Nicotine Withdrawal
Requesting MD: Klahn Date requested: 1/29/08

Psych. Medications - Purpose

Other Relevant Medications

Risperdal 0.5mg tid - psychoses
Paxil 10mg daily
Ativan 4mg q 60 min
Synthroid

Discussion: 78yo F admitted on 1/21/08 who is on vent, has resp. failure, hx of ETOH abuse. Pt opened her eyes when requested, responded briefly but appeared confused. She appeared confused, not responsive to further questions. Mood is anxious & constricted affect. Notes document restlessness, attempting to remove trach.

Impression: Anxiety D/O NOS

Plan/Recommendation: ↑ Paxil to 20mg daily and continue to Risperdal for mood and continue to Ativan prn, will see in 4 wks.

IF RESIDENT IS CURRENTLY RECEIVING PSYCHOACTIVE MEDICATIONS:		YES	NO
Was a dosage reduction attempted in the last 4-6 months?			
<input type="checkbox"/> Clinically Stable - Dosage reduction may lead to destabilization		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Clinically Contraindicated due to <u>new admission</u>			
Have any of the following side effects occurred since initiation of the medication:			
a) Tardive Dyskinesia:		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Orthostatic Hypotension:		<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Cognitive/Behavior impairment or deterioration resulting from the medication(s):		<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Parkinsonism/EPS		<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Akathisia:		<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Other:		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does dosage exceed OBRA Interpretive Guidelines?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If Yes, document reason:			

☒ Reviewed Records ☒ Discussed With Staff ☐ Discussed With Family ☐ Other: _____

Signature of Psychiatrist: [Signature] Date: 2/1/08 (Specify)

Counter Signature Primary Care Provider: [Signature] Date: 2/4/08

SILVERLAKE-KARRON-000436

**Silver Lake Specialized Care Center
Psychiatric Consultation Report**

Resident's Last Name: Karron First Name: Marian Room #: 130
Reason for request: flu

Requesting MD: McCarthy Date requested: 5/27/08

Psych. Medications - Purpose: Levamisole 1mg bid for N/G tube
for aspiration - Respirator. nisy to
psychosis - patient young daily 1pm.
Other Relevant Medications: propranolol + prednisone
levalorin - VIT B

Discussion: patient is 77 year old white Jewish widow
who was admitted to this facility on 1/24/08 for
Kindred Hospital w/ COPD - Hx of A-fib - VDDP
Hypothyroidism. Respiratory failure - pt currently has
an N/G tube awaiting consent by son for G tube, because
of Aspiration. psychosocial Hx: pt was born in Brooklyn
NY, she had another sister. pt completed Bachelor degree
Impression: is art house, never worked. pt married, has
4 children. pt's husband died in 1979 - prior to hospitalization
Plan/Recommendation: end admission. pt lives in ~~Long Beach~~ in El Segundo St.
in Long Beach NY - One

IF RESIDENT IS CURRENTLY RECEIVING PSYCHOACTIVE MEDICATIONS:		YES	NO
Was a dosage reduction attempted in the last 4-6 months?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Clinically Stable - Dosage reduction may lead to destabilization			
<input type="checkbox"/> Clinically Contraindicated due to			
Have any of the following side effects occurred since initiation of the medication:			
a) Tardive Dyskinesia:	<input type="checkbox"/>	<input type="checkbox"/>	
b) Orthostatic Hypotension:	<input type="checkbox"/>	<input type="checkbox"/>	
c) Cognitive/Behavior impairment or deterioration resulting from the medication(s):	<input type="checkbox"/>	<input type="checkbox"/>	
d) Parkinsonism/EPS	<input type="checkbox"/>	<input type="checkbox"/>	
e) Akathisia:	<input type="checkbox"/>	<input type="checkbox"/>	
f) Other:	<input type="checkbox"/>	<input type="checkbox"/>	
Does dosage exceed OBRA Interpretive Guidelines?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If Yes, document reason:			

☒ Reviewed Records ☒ Discussed With Staff ☐ Discussed With Family ☐ Other: _____

Signature of Psychiatrist: [Signature] Date: 8/15/08 (Specify)

Counter Signature Primary Care Provider: [Signature] Date: 8/24/08

8/15/85

Continue psychiatric evaluation;

MSE: pt is seen in her room, on vent. Has
NG tube, pt appears sedated pt has been on
prosect. staff report that pt is no longer
anxious or agitated.

IV med: At I Depressive Disorder 20

to GAC. on Depressive Disorder 11/01

on Mood Disorder 20 to GAC

At III HTA, COPD - At HTA 1/2

plan: Continue Risperidone 0.5 mg for sleep,
anxiety, agitation.

peril you of depression Antic-
Active #15 G6H PRN antich-

Re-eval in 8 weeks.

Office

103✓
SILVER LAKE
SPECIALIZED CARE CENTER

CONSULTATION REQUEST AND RECORD

Karron Marion

130

DATE OF REQUEST:

Sept 16, 2008

ATTENDING PHYSICIAN (REQUESTING CONSULT)

McCarthy

TYPE OF CONSULTATION:

HI (Dr. Kalman)

DIAGNOSIS:

YDRF, COPD, % Malnutrition, A-Fib

REASON FOR CONSULTATION:

Infected G-tube site

ATTENDING PHYSICIAN'S SIGNATURE:

John D. McCarthy

REPORT OF CONSULTATION (Opinion & Recommendation)

77 yowg MM as above.
Used to have catheter and peritoneal
drainage from Peg site
Denies pain, fever at site
Red (top), cellulitis at Peg site, not cultured
Gt. Infected Peg site
Went C/S of Jimmy
Bactroban topical G-tube site + 10
3 Round Peg
9/22/08

SIGNATURE OF CONSULTANT:

[Signature]

DATE:

COUNTERSIGNED M.D.

9/22/08

**Silver Lake Specialized Care Center
Psychiatric Consultation Report**

Resident's Last Name: Karron First Name: Marion Room #: 130
Reason for request: F/U

Requesting MD: McCarthy Date requested: 10/6/08

Psych. Medications - Purpose: paral 400 daily
lorazepam 1mg qid G tube
Q6hr. PRN
Other Relevant Medications: Risperidone 0.5 & 1/15

Discussion: pt is seen in hr room, vent dependent and had
G tube put in. pt is sleeping at the time, staff report
manageable behavior, pt occasionally become
verbally abusive and agitated respond well
to Ativan PRN

Typhoid, A&T, Depression with Dementia
A&T HTN, COPD - #10 A-fil

Impression: paral 400 daily
paral 400 daily

Plan/Recommendation: Ativan 1mg PRN G tube
Re-eval in 3 months

IF RESIDENT IS CURRENTLY RECEIVING PSYCHOACTIVE MEDICATIONS:		YES	NO
Was a dosage reduction attempted in the last 4-6 months?			
<input type="checkbox"/> Clinically Stable - Dosage reduction may lead to destabilization		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Clinically Contraindicated due to			
Have any of the following side effects occurred since initiation of the medication:			
a) Tardive Dyskinesia:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b) Orthostatic Hypotension:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c) Cognitive/Behavior impairment or deterioration resulting from the medication(s):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d) Parkinsonism/EPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e) Akathisia:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f) Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does dosage exceed OBRA Interpretive Guidelines?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If Yes, document reason:			

☒ Reviewed Records ☒ Discussed With Staff ☐ Discussed With Family ☐ Other: _____

Signature of Psychiatrist: [Signature] Date: 10/28/08 (Specify)

Silver Lake Specialized Care Center
Department of Rehabilitation Medicine
PHYSIATRY CONSULTATION

Patient Name: Marion, KARRON

Room #: 237

Requesting Physician: Klabin

Date: 1/27/08

Date of Birth: 6/6/30

Reason for Consultation:

☒ New Admission: Evaluate for Rehabilitation Potential

☐ Annual Evaluation: Evaluate Functional Status, ROM, Strength and any changes

☐ Other: _____

Core 1182448990
AAP Glen F

History/Physical Examinations, Findings and Recommendations:

77 g admitted 1/21/08 from Kindred Hospital, MS
for resp. failure, vent dependent
H/O A/P, malnutrition, pneumonia
MS + @, ortho H' anox, & thyroid, T levels
tends to be in & fixation.

Alert, follows commands
@ anxiety
@ speech / vent

Change in Program:

Contractures: _____ Yes _____ No _____

Yes No N/A

Location: _____

Consultant's Signature: _____

Date: 1/27/08

Primary Physician's Signature: _____

Date: 1/27/08

1644 A

(CONTINUED ON BACK)

NE's: Shoulders to 3/4 Acrom
Chest / Wrists / Hips w/FL
4-15 proximal distal distal

CB's: hunk off to 0° (L)
4F contraction on (P)
then LE pivots w/FL
4-15 prox distal mbrs

Angles: max @ 12

A/P 72g C General distal / Boundary
Vent dept resp failure

Restored OT / OT SA / w/

Best MB
Therapy
Silva
GSE / GLE
A / AA per
Prog And C/A
ADG

B

NEW - VENT
Silver Lake Specialized Care Center
Physical Therapy Evaluation

Name: <u>Karron, Marion</u>		Rm. # <u>237A</u>		Age <u>77</u>		Medicare # <u>1182448991</u>	
Admitting Diagnosis: <u>Admit from Kindred Hosp-NJ, (12/10/07 - 1/21/08) dx:</u>							
<u>resp fail, vent dep, pneumonia, COPD, Afib, malnutrition,</u>							
<u>MRSA sputum, ETOH abuse, hypothyroidism, hyperlipidemia</u>							
Rx Diagnosis: <u>resp failure - vent. & gen. mobility</u>							
Observations/Precautions: <u>CONTACT ISOLATION (MRSA - sputum), alert, able</u>							
<u>to follow commands, restless during eval</u>							
	✓	(L) Range of Motion	(R) Range of Motion	✓	(L) Strength	(R) Strength	
Hip		<u>AROM</u>	<u>AROM</u>				
a) Extension/Flexion		<u>WFL</u>	<u>WFL</u>		<u>F</u>	<u>F</u>	
b) adduction/abduction							
c) internal/external							
Knee							
a) Extension/Flexion							
Ankle							
a) Plantar Flexion			<u>fixed in pt</u>				
b) Dorsi Flexion	✓	<u>0</u>					
Neck							
Trunk							
Additional Information:							
✓ = Contracture, WFL = Within Functional Limits							
<u>AROM: BLUE-WFL MMT: BLUE-grassey & 7/8 mm grips</u>							
Bed level Mobility:							
Independent		Dependent		Needs Assist		<u>CBx1</u>	
Transfer Status:							
Number of People to assist <u>2</u> type <u>ex(A)</u>							
Ambulation <u>To be assessed in gym, Resident states she was able</u>							
Device		Brace/Prosthesis <u>to amb. & (R) ankle</u>					
Distance		Type of Assist <u>fixed in pt.</u>					
Weight Bearing Status		Gait Deviations					
Balance							
Static Sitting <u>F</u>		Dynamic Sitting <u>F</u>		Static Standing <u>To be assessed in gym</u>		Dynamic Standing <u>gym</u>	
Wheel Chair Mobility							
Wheels Self		Dependent w/c Mobility		Wheelchair Type <u>std w/c</u>			
<u>& O2 holder (vent) & TAB</u>							
Physical Therapy Goals: <u>STG (1-4 wks) ① ↑ mm strength 1/2 grade ② (F) bed mob.</u>							
<u>③ Transfer & Hd(A)x1 ④ amb. in 11 bars & 1H(A)x2 ⑤ ↑ balance 1/2 grade</u>							
<u>1TG (5-10 wks) ① ↑ mm strength 1 grade ② Transfer & S/CG ③ amb.</u>							
<u>& RW & CBx1 x 40' ④ ↑ balance 1 grade</u>							
Rehab Potential: <u>fair</u>							
Needs P.T. <u>Yes</u>		Frequency <u>5x/week</u>		Duration <u>30 min</u>		Type <u>restorative</u>	
<u>No</u>		Follow up in one year					
Physical Therapy Treatment Plans: <u>GSE, bed mobility, transfer training</u>							
<u>ambulation training, balance ex-</u>							

Name of Doctor: KLATR Signature: [Signature] M.D. Date: 1/22/08

Signature: Mayann Murray P.T. Date: 1/22/08

Silver Lake Specialized Care Center

PHYSICAL THERAPY WEEKLY PROGRESS NOTE

Patient Name: KARRON, MARION Age: _____
 Diagnosis: RESP FAILURE, VENT-DEF, PNEUMONIA, COPD, A-FIB, MALNUTRITION
 Attending Physician: KLAHR
 Change in Program: ☒ No ☐ Yes

Date <u>1/29/08</u>	<p style="text-align: center;">Resident receiving Restorative P.T. 5X/WK.</p> <p>for other exp, bed mobility, balance exp, transfer training and standing training bedside 2- constant isolation precautions.</p> <p>S-P</p> <p>0- Bed Mobility: rolling (3) rolls req. constant guarding & use of bedrails, supine \leftrightarrow sit req ext phys (2). Balance: sitting (climb): Fair (2), stand (static): Poor. Transfers: sit \leftrightarrow stand req ext phys (2) of 2. Amb: non-ambulatory, able to stand in walker req ext phys (2) of 2 for approx. 30 seconds x 3 trials.</p> <p>4- Resident improving slowly, resident agitated at times, Goals: 1) increase muscle strength (3) LE by 1/2 gals, 2) improve bed mobility \rightarrow lin phys (2), 3) improve standing tolerance in walker \rightarrow 1 minute</p> <p>P- to continue P.T. 5X/WK. M. J. [Signature]</p>
------------------------	---

Key: E=Evaluation
R=Refused

S=Sick
D/C=Discharged

DP=Day Pass
 $\sqrt{}$ =30 min Tx

C=Clinic
H=Hospital

RECORD OF TREATMENTS

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
JAN. 2008																						✓	✓	✓	✓	✓		✓				

Silver Lake Specialized Care Center

PHYSICAL THERAPY WEEKLY PROGRESS NOTE

Patient Name: KARRON, MARION Age: _____

Diagnosis: HEP FAILURE, VENT-DEP., PNEUMONIA, COPD, A-F.B, MALNUTRITION

Attending Physician: KLAHR

Change in Program: ☒ No ☐ Yes

Date <u>2/5/08</u>	<p style="text-align: center;">Resident receiving Restorative P.T. 5x/wk</p> <p>for the so, bed mobility, balance ex, transfer training, and progressive standing training, walking tilt table training</p> <p>S - ϕ</p> <p>O - <u>Bed Mobility</u>: rolling @ sides reg. contract gaiting & use of backbills, supine \leftrightarrow sit reg. ext phys. @ <u>Balance</u>: sitting (dyn): Fan @, stand (static) Pan. <u>Transfer</u>: sit \leftrightarrow stand from reg. ext phys. @ of 2. <u>Conf</u>: non-ambulating, able to stand & walk reg. ext phys. @ of 2 for approx. 30 seconds x 3 trials.</p> <p>A - Resident improving slowly, remains agitated at times, goals: 1) increase muscle strength BLE by 1/2 grade, 2) improve bed mobility \rightarrow lin phys. @, 3) improve standing tolerance & walk for approx. 1 minute.</p> <p>P - To continue P.T. 5x/wk.</p> <p style="text-align: right;">M. A. P.T.</p>
-----------------------	---

Key: E=Evaluation
R=Refused

S=Sick
D/C=Discharged

DP=Day Pass
 $\sqrt{}$ =30 min Tx

C=Clinic
H=Hospital

RECORD OF TREATMENTS

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
FEB. 2008	✓			✓	✓	✓	✓	✓			✓	✓	✓																			

Silver Lake Specialized Care Center

PHYSICAL THERAPY WEEKLY PROGRESS NOTE

Patient Name: KARRON, MARION Age: _____

Diagnosis: REST. FAILURE, VENT-DET., PNEUMONIA, COPD, A-FIB, MALNUTRITION

Attending Physician: KLARR

Change in Program: ☒ No ☐ Yes

Date <u>2/12/08</u>	<p style="text-align: center;">Resident receiving Restorative P.T. 5X/WK.</p> <p>for the ex, bed mobility, balance ex, transfer training, and prog. standing training, including tilt table training.</p> <p>S-φ</p> <p>0 - Bed Mobility: rolling @ sides reg. control pivoting & use of bed rails, require ↔ sit reg. ext phys. @. Balance: sitting (dyn): Fair ⊖, Stand (static): Poor. Transfers: sit ↔ stand from w/c reg. ext phys. @ of 2. And: ^{empty} sit over - ambulate tray, able to stand & walk reg. ext phys. @ of 2 for approx. 30-45 seconds x stunts.</p> <p>A - Resident reg. significant verbal cues and prompting, motivated at times, goals: 1) increase muscle strength @ by 1/2 grade, 2) increase bed mobility → lin phys. @, 3) increase standing tolerance & walk for approx. 1 minute.</p> <p>P - To continue P.T. 5X/WK. m. <u>Aug. 17</u></p>
------------------------	--

Key: E=Evaluation S=Sick DP=Day Pass C=Clinic
 R=Refused D/C=Discharged √=30 min Tx H=Hospital

RECORD OF TREATMENTS

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Feb. 2008	✓			✓	✓	✓	✓	✓			✓	✓	✓	✓																		

Silver Lake Specialized Care Center

PHYSICAL THERAPY WEEKLY PROGRESS NOTE

Patient Name: KARRON, MARION Age: _____

Diagnosis: RESP. FAILURE, VENT-DEP., PNEUMONIA, COPD, A-FIB, MALNUTRITION

Attending Physician: KLAHR

Change in Program: ☒ No ☐ Yes

Date <u>2/19/08</u>	<p style="text-align: right;">Resident receiving Restorative P.T. 5x/wk</p> <p>for the ap, bed mobility, balance ex, transfer training, and prog. and / standing training</p> <p>S-φ</p> <p>o- <u>Bed Mobility</u>: rolling (B) sides w/ content guarding & use of blankets, supine ↔ sit w/ ext phys. (C). <u>Balance</u>: sitting (dyn): Fair⁺/Fair, stand (static): Poor/Poor⁺, (dyn): Poor.</p> <p><u>Transfers</u>: sit ↔ stand from w/c w/ ext phys. (C) of 2 and VC.</p> <p><u>Walk</u>: out in 11 lanes w/ ext phys. (C) of 2 & maximal encouragement.</p> <p>most and VC & close w/c follow for approx. 8' x 3.</p> <p>A- Resident was ill yesterday (2/18), however has been improving today & regard to standing and ambulatory ability.</p> <p><u>Goals</u>: 1) increase muscle strength (B) by 1/2 each, 2) improve bed mobility → lin phys (C), 3) sit 11 lanes 10' x 3 w/ lin/pt (C) of 1-2.</p> <p>P- To continue P.T. 5x/wk. M. Auf. P.T.</p>
------------------------	---

Key: E=Evaluation
R=Refused

S=Sick
D/C=Discharged

DP=Day Pass
√=30 min Tx

C=Clinic
H=Hospital

RECORD OF TREATMENTS

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
FEB 2008	✓			✓	✓	✓	✓	✓			✓	✓	✓	✓				S														

Silver Lake Specialized Care Center

Physical Therapy Monthly Assessments

Name <u>KARRON, MARION</u>	Room # <u>237</u>	Age <u>77</u>	Medicare #
Admitting Diagnosis <u>RESP. FAILURE, VENT-DEF., PNEUMONIA, COPD, A-FIB,</u>			Onset
<u>MALNUTRITION</u>			
RX Diagnosis <u>RESP. FAILURE, VENT-DEF.</u>			Onset
Type of Surgery			Date of Surgery
Observations/Precautions: <u>CARDIAC / REST. PRECAUTIONS.</u>			

Previous Physical Therapy Goals

<u>1) (I) Bed Mobility, 2) ↑ MS 1/2 grade (BLUE/BLUE,</u> <u>3) Amb. to Rolling w. REQ. CONTACT GUARDING FOR APPROX. 40'</u>

Rehab Potential

<u>Pain / Pain⁺</u>

Previous Physical Therapy Treatment Plans

<u>Restorative P.T. 5x/wk. is planned for the ap,</u> <u>bed mobility, balance exs, transfer training, and prog. amb. training /</u> <u>standing training.</u>

Monthly/Annual/Re-eval Summary Date: 2/22/08

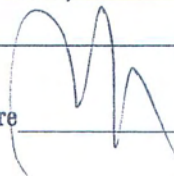
Change in ROM and/or Strength	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>no significant changes noted in this area</u> <u>compared to initial eval. findings.</u>
Change in Function	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>sitting balance (dyn): F@F, stand (static): P/R@ (dyn): low</u> <u>Transfer: sit → stand from w/c req. ext phys @ of 2 w/ K. inf: able to</u> <u>stand 11 long req. ext phys @ of 2 for gynec. 30sec. x 3 trials.</u>
Update in Goals	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>1) increase muscle strength (Blue by 1/2 grade, 2) improve</u> <u>bed mobility → lin phys @, 3) Amb 11 long 10' x 3 req. lin/ ext @ of 1-2.</u>
Change in Treatment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>To continue P.T. 5x/wk, if resident's status doesn't</u> <u>improve and compliance remains poor, will s/c.</u>

PT Signature

M. Huff P.T.

Date 2/22/08

MD Signature



Date 2/22/08

Silver Lake Specialized Care Center

PHYSICAL THERAPY WEEKLY PROGRESS NOTE

Patient Name: KARRON, MARION Age: _____

Diagnosis: RESP. FAILURE, VENT-DEP, PNEUMONIA, COPD, A-F-B, MALNUTRITION

Attending Physician: KLAHR

Change in Program: ☒ No ☐ Yes

Date <u>2/26/08</u>	<p style="text-align: center;">Resident receiving Restorative P.T. 5x/wk.</p> <p>for thor exp., bed mobility, balance exp., transfer training, and prog. amb./standing training.</p> <p>S-P</p> <p>0 - <u>Bed Mobility</u>: rolling @ sides reg. cartest guarding & use of backrails, supine ↔ sit reg. ext phys @. <u>Balance</u>: sitting (dyn) Fair ⊖ / Fair, stand (static): Fair / Fair ⊕, (dyn): Fair. Transfers: sit ↔ stand from w/c reg. ext phys @ of 2 ad v. <u>Amb.</u> non-ambulatory, able to stand & walk reg. ext phys @ of 2 caregivers. 30 seconds x 3 trials. - resident unable to ambulate this week.</p> <p>A - Resident's attendance recently has been poor 2° feeling ill, resident has made little gain to this point, progress has been hampered by poor compliance. <u>Goals</u>: 1) increase muscle strength (BLE by 1/4 grade, 2) improve bed mobility, 3) Amb 11 hrs 10' x 3 reg. ext phys @.</p> <p>P - To continue P.T. 5x/wk, however considering D/C at anytime if compliance doesn't improve.</p> <p style="text-align: right;">M. Haffner</p>
------------------------	--

Key: E=Evaluation
R=Refused

S=Sick
D/C=Discharged

DP=Day Pass
√=30 min Tx

C=Clinic
H=Hospital

RECORD OF TREATMENTS

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
FEB 2008	✓			✓	✓	✓	✓	✓			✓	✓	✓	✓				S	-	-	✓		-		✓	✓	R					

Silver Lake Specialized Care Center
Department of Rehabilitation Medicine
PHYSIATRY CONSULTATION

Patient Name: Karron, Marion

Room #: 245A

Requesting Physician: Klohe

Date: 2/21/09

Date of Birth: 6/6/1930

SS (Case # 118-24-4899D)
HMO/ARRP phone f

Reason for Consultation:

☐ New Admission: Evaluate for Rehabilitation Potential

☐ Annual Evaluation: Evaluate Functional Status, ROM, Strength and any changes

☒ Other: Re-eval

History/Physical Examinations, Findings and Recommendations:

78 yf female COPD, malnutrition, AFib, VDRF
osteoporosis sip PEG, ETOT above, Supra
pvt, resp-f. l vent. disp
PE:

POK
does not feel cramps

MS: @ UE 2x15 } proximal distal
@ UE 2x15 }
@ LE 1x15 } @ edema / edema
@ LE 1x15 }

gaiter, decuss
reflex: 1

Change in Program:

Contractures: _____ Yes _____ No _____

Yes No N/A

Location: _____

Consultant's Signature: [Signature]

Date: 2/21/09

Primary Physician's Signature: [Signature]

Date: 2/21/09

M. Tare: document

A/PROM: B PL in all East

ADL: Total @

Transfer: To receive chain by
max. @

ambulation, non-ambulatory

Bed mobility: Total @

Balance: sitting / standing @

A/P:

78% e severe deconditioning / disability

or impaired functional status

pt. is not communicable & not amenable

for OT/PTST at this time

firm for any functional status

After

SILVER LAKE SPECIALIZED CARE CENTER
OCCUPATIONAL THERAPY EVALUATION

RESIDENT INFORMATION:

DNR ☐ STR ☒ VENT
Name: Karron, Marion Room #: 237 Age: 77 DOB: 6-6-30
Diagnosis: Vent - Resp. Fail
Insurance Information: ☐ Medicaid ☒ Medicare ☐ PVT ☒ HMO AARP Plan F
Precautions: MRSA - Sputum Contact Isolation
PM Hx: Pneum, COPD, A. Fib, ETOH Abuse, Malnutrition

DATE: 1-22-08

Doctor: Klahr

MENTAL STATUS

COMMUNICATION: Eng - Months words

Orientation: Awake Oxl name Direction Following: 2° Vent. Follows simple 1
Judgment/Safety Awareness: Fair - Step verbal command

FUNCTIONAL PERFORMANCE:

HAND DOMINANCE: ☒ R ☐ L

STATUS

DAILY LIVING SKILLS

4
3/4
4
3
4
4
3
8
3/4
4
4

Feeding: _____ ☐ G-Tube
Grooming: _____
Bathing: _____
Dressing-Above Waist: _____
Dressing-Below Waist: _____
Hygiene/Toileting: _____
Mobility-Bed: _____
W/C: _____
Transfers-Bed, Chair, W/C: _____
Toilet: _____
Tub: based on physical functioning

KEY: 0=Independence 1=Supervision 2=Limited Assistance 3=Extensive Assistance 4=Total Dependence 8=Activity Did Not Occur
INT=Intact IMP=Impaired ABS=Absent

PERFORMANCE COMPONENTS: Hearing: INT IMP ☐ Hearing Aid Vision: INT IMP ☒ Glasses

Sensation (Light Touch): INT IMP ABS Pain/Temp: INT IMP ABS
Perceptual Function not fully assessed Visual Perception N/A
Neglect ↓
Body Schema ↓
Praxis ↓

BALANCE:

Sitting Static: Good Fair Poor Dynamic: Good Fair Poor
Standing Static: Good Fair Poor Dynamic: Good Fair Poor

FUNCTIONAL ENDURANCE:

Good Fair Poor N/A

ABBREVIATIONS: (WFL)=WITHIN FUNCTIONAL LIMITS, (WNL)=WITHIN NORMAL LIMITS, (BFL)=BELOW FUNCTIONAL LIMITS, (ABN)=ABNORMAL, (IMP)=IMPAIRED, (AB)=ABSENT, (INT)=INTACT

Upper Extremity Status		Right	Left	Comments
AROM		WFL	BFL	Pt presents c F/F
PROM		WNL	BNL	BUE MMS
STRENGTH		WFLs	BFLs	Pt presents c (R)
TONE		WNL	ABN	Shoulder flexion
COOR		WFL	BFL	Contracture at 90°
Lower Extremity Status		Right	Left	Comments
AROM		WFL	BFL	
PROM		WNL	BNL	
STRENGTH		WFL	BFL	
TONE		WNL	ABN	

Contractures (Y) N Wrist Fingers Elbow Hips Knees Ankle Neck Shoulders

Additional Comments: (Contractures, Decubiti, Positioning Devices, Weight Bearing Status, etc.)

Pt was cooperative c IE & TX for ROM, bed mobility, balance, MMS & ADL's.

Restorative OT x 4 wks.

Tx Plan: Restorative OT ☒ 5x ☐ 6x ☐ 7x ☐ Low Rest 3x 30

Pt will receive restorative OT for balance, transfers MMS ing, endurance & ADL's. STG (1-4 wks)

① Pt will demonstrate (F+) endurance evidenced by I'll performing supine → short sit within 60 seconds 5 signs of fatigue x 3 sessions. ② Pt will demonstrate (F+) BUE MMS evidenced by I'll pushing self sit → stand x 3 sessions. ③ Pt will demonstrate I'll ADL's evidenced by I'll dressing upper/lower body x 3 sessions. LTG (4-8 wks) ④ Pt will be (I) c transfers bed mobility & ADL's.

Instructions for Nursing:

THERAPIST'S SIGNATURE: P. DeHance

DATE: 1-22-08

MD'S SIGNATURE: [Signature]

DATE: 1-22-08

RE-EVAL - VENT
Silver Lake Specialized Care Center
Physical Therapy Evaluation

Name: <u>Karron, Marion</u>		Rm. # <u>245A</u>		Age <u>78</u>		Medicare # <u>118244899D</u>	
Admitting Diagnosis: <u>Readmit from SLHC (N) (2/11/09 - 2/19/09) dx: sepsis</u>							
<u>2° UTI, PMH: vent dep., resp. fail., pneumonia, COPD Afib, ETOH</u>							
<u>abuse, MRSA sputum, malnutrition, hypothyroid, Tchol, OA/OP, Dysphagia</u>							
Rx Diagnosis: <u>N/A</u>							
Observations/Precautions: <u>Cardiac + resp. px, CONTACT ISOL (MRSA-sputum), gen-</u>							
<u>edema, gen. rash @ trach, mult decubiti @ PEG, eyes open to tactile stim</u>							
	<input checked="" type="checkbox"/>	(L) Range of Motion	(R) Range of Motion	<input checked="" type="checkbox"/>	(L) Strength	(R) Strength	
Hip		<u>PROM</u>	<u>PROM</u>				
a) Extension/Flexion	<input checked="" type="checkbox"/>	<u>0-90</u>	<u>0-90</u>	<input checked="" type="checkbox"/>	<u>No volitional</u>		
b) adduction/abduction	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<u>movement</u>		
c) internal/external	<input checked="" type="checkbox"/>	<u>20-10</u>	<u>10-10</u>	<input checked="" type="checkbox"/>			
Knee							
a) Extension/Flexion		<u>0-100</u>	<u>0-90</u>	<input checked="" type="checkbox"/>			
Ankle							
a) Plantar Flexion	<input checked="" type="checkbox"/>	<u>20-40</u>	<u>20-40</u>	<input checked="" type="checkbox"/>			
b) Dorsi Flexion							
Neck							
Trunk							
Additional Information:							
✓ = Contracture, WFL = Within Functional Limits							
<u>PROM: @ shdls ltd (L) ~ 90° flex (R) ~ 70° @ elbow ltd 2/3 range</u>							
Bed level Mobility:							
<input type="checkbox"/> Independent		<input checked="" type="checkbox"/> Dependent		<input type="checkbox"/> Needs Assist			
Transfer Status:							
Number of People to assist <u>2-3</u> type <u>dependent - hoyer lift</u>							
Ambulation <u>Nonambulatory</u>							
Device				Brace/Prosthesis			
Distance				Type of Assist			
Weight Bearing Status				Gait Deviations			
Balance							
Static Sitting <u>0</u>		Dynamic Sitting <u>✓</u>		Static Standing <u>✓</u>		Dynamic Standing <u>✓</u>	
Wheel Chair Mobility							
Wheels Self		Dependent w/c Mobility			Wheelchair Type <u>recliner</u>		
Physical Therapy Goals: <u>N/A</u>							
Rehab Potential: <u>N/A</u>							
Needs P.T.		Frequency		Duration		Type	
<input checked="" type="checkbox"/> Yes		<u>Follow up in one year</u>		<u>✓</u>			
<input type="checkbox"/> No							
Physical Therapy Treatment Plans: <u>Resident to continue @ a floor</u>							
<u>Rom program BLE 5 up & 9 shift.</u>							

Name of Doctor: Klahr

Signature: [Signature]

M.D. Date: 2/20/09

Signature: [Signature]

Date: 2/20/09

SILVER LAKE SPECIALIZED CARE CENTER
OCCUPATIONAL THERAPY PROGRESS NOTE

Date of Eval 1/22/08

Today's Date: 1/29/08

Resident's Name: Karron, Marion Age: 77 Room: 237 MD: Klehr

Diagnosis: Vent Resp. Fail, PNEUM, COPD, A.F.b, ETOH

☒ Restorative 1 2 3 4 5 6 7
☐ Low Restorative ☐ ☐ ☐ ☐ ☒ ☐ ☐ day/wk of Tx
☐ Maintenance 150 minutes per week

Progress Note:

Resident is on restorative o.t. services 5x week 30min sessions. Resident is Ataxic name. Resident receives o.t. for balance, T/F's, missing, endurance tools.

Physical status: Static Sitting Balance (Fair), Dynamic Sitting Balance (Fair-), Static Standing Balance (poor+), Dynamic Standing Balance (poor+) Functional endurance poor.

Functional status: Resident performs UE TLE crossing seated & EOB & Ext @ toilet gown.
 Resident is Total @ for all T/F's @ preht time.

Resident to continue o.t. as per plan

New Goals:

Recommendation to Nursing:

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1/08																						5/1	1	1	1			1	1		

Key: ie=initial x=refused h=holiday d/c=discontinuation
 mh=medical hold s=sick l=1(30min) 2=2(30 min)

Therapist Signature

SILVER LAKE SPECIALIZED CARE CENTER
OCCUPATIONAL THERAPY PROGRESS NOTE

Date of Eval 1/22/08

Today's Date: 2/5/08

Resident's Name: Karron, Marion Age: 77 Room: 237 MD: Klahr

Diagnosis: Vent Resp. Fail, PNEM, COPD, A-Fib, FTOH

☒ Restorative 1 2 3 4 5 6 7
☐ Low Restorative ☐ ☐ ☐ ☐ ☒ ☐ ☐ day/wk of Tx
☐ Maintenance 150 minutes per week

Progress Note:

Resident is on restorative o.t. services 5x week 30 min sessions. Resident is ATOX1 name. Resident receives o.t. for balance, tps, mmsing, endurance & Aois.

Physical Status: (Static) Sitting balance Fair, (Dynamic) Sitting Balance Fair. (Static) & (Dynamic) Standing Balance Poor+. Functional endurance poor. Resident @ APOM w FC & F mms, all joints & places.

T/F's & Bed mobility: Resident performs UE & LE dressing seated & FOB & ext @ to don & off gown. Resident performs @ & @ rolling & 7 cim/ext @ & sit & supine & ext @.

Resident has made significant progress in the areas of bed mobility aided by @ & @ rolling now cim/ext @.

New Goals:

Recommendation to Nursing:

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1/08																															
2/08																															

Key: ie=initial x=refused h=holiday d/c=discontinuation
mh=medical hold s=sick 1=1(30min) 2=2(30 min)

Therapist Signature

SILVER LAKE SPECIALIZED CARE CENTER
OCCUPATIONAL THERAPY PROGRESS NOTE

Date of Eval 1/22/08

Today's Date: 2/12/08

Resident's Name: Karron, Marion Age: 77 Room: 237 MD: Klahr

Diagnosis: Vent Resp. Fail, PNEM, COPD, A-Fib, ETOH

☒ Restorative 1 2 3 4 5 6 7
☐ Low Restorative ☐ ☐ ☐ ☐ ☒ ☐ ☐ day/wk of Tx
☐ Maintenance 150 minutes per week

Progress Note:

Resident is on restorative O.T. services 5x week 30 min sessions. Resident is ATOX1 name. Resident receives O.T. for balance, T/F's, missing, endurance + A/S.

Physical Status: (Static) Sitting balance Fair, (Dynamic) Sitting balance Fair. (Static) + (Dynamic) Standing balance poor. Functional endurance poor. Resident @ ARM WFL & Ems all joints + planes.

T/F's + Bed mobility: Resident performs UE + LE dressing, seated & ego & ext @ to don tooth gown. Resident performs @ rolling & lim/ext @ & sit & supine & ext @.

Resident has made no significant gains, this raises Resident to continue O.T. as per plan.

New Goals:

Recommendation to Nursing:

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
2/08																															

Key: ie=initial x=refused h=holiday d/c=discontinuation
mh=medical hold s=sick l=1(30min) 2=2(30 min)

Therapist Signature

SILVER LAKE SPECIALIZED CARE CENTER
OCCUPATIONAL THERAPY PROGRESS NOTE

Date of Eval 1/22/08

Today's Date 2/26/08

Resident's Name: Karron, Marion Age: 77 Room: 237 MD: Klahr

Diagnosis: Vent Resp. Fail, PNEUM, COPD, A-Fib, ETOH

☒ Restorative 1 2 3 4 5 6 7
☐ Low Restorative ☐ ☐ ☐ ☐ ☒ ☐ day/wk of Tx
☐ Maintenance 150 minutes per week

Progress Note:

Resident is on restorative O.T. services 5x weeks
 30 min sessions. Resident is Ataxic. Resident receives OT
 for balance, T/F's, dressing, endurance & ADL's.

Physical Status: (Static) Sitting balance Fair, (Dynamic)
 Sitting balance Fair. (Static) + (Dynamic) Standing balance
 poor. Functional endurance poor. Resident @ ADL's
 WFL & F mms all joints & planes

T/F's & bed mobility: Resident performs UE & LE dressing
 seated & sup & ext @ 40 sec to 1 min gown. Resident
 performs @ R & C rolling & lin/exit @ 1 sit @ supine
 & ext @

Resident has made no significant progress in the areas of
 ADL's, T/F's & bed mobility & gait time.

New Goals:

Recommendation to Nursing:

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
2/16																															

Key: ie=initial x=refused h=holiday d/c=discontinuation
 mh=medical hold s=sick l=1(30min) 2=2(30min)

Therapist Signature [Signature]

SILVER LAKE SPECIALIZED CARE CENTER

RESPIRATORY THERAPY INITIAL ORDER SHEET/ADMISSION ASSESSMENT

This form is to be completed by the physician. Specifications must be completed prior to initiation of treatment. Write in Doctor's Order Sheet "Respiratory Therapy Form Made Out".

Resident Name: KARRON, MARION Room No. 237A ID #: 15354
 Physician: _____ Admission Date: 1/21/08 Time: 2:55 PM

Objective Therapy:

- ☒ Life Support
- ☐ Correct Hypoventilation
- ☐ Bronchodilation
- ☒ Mobilize Secretion
- ☐ Correct Hypoxia
- ☒ Acid/Base Correction
- Other: _____

VENTILATOR CHECKLIST

Date: 1/21/08
 Vent#: 2959 Tech. Initials: Asli
 Alarms Functioning _____
 Pressure Check _____
 Rate Check _____
 Filters in Place _____
 Volume Check _____
 Fio₂ _____
 Comments: Self test passed

PHYSICIAN ORDERS:

VENTILATOR PARAMETERS:

MODE	Fio ₂	RESP. RATE	TIDAL VOLUME	PRESSURE LIMIT
<u>A/C</u>	<u>30/45</u>	<u>12</u>	<u>500</u>	<u>As per policy</u>

PHYSICIAN SIGNATURE: [Signature] DATE: 1/23/08

CHARGE NURSE: [Signature] RESP. THERAPIST: A. Sklar

Resident is a 44 year old (m/f) with a history of COPD, Resp. Failure, Atrial Fibrillation, Hypertension, Diabetes, Malnutrition on ventilator support with the following vent setting:

Mode A/C, IMV, CPAP Respiratory Rate 12 Assisting Rate 18 VT 500
 Spont VT N/A PS N/A Peep N/A FIO₂ 30/45 I Time 10.9 Flow Rate 44
 Pip 20 Alarm set at low pressure 12 High pressure 50 Low volume N/A
 O₂Sat 97 ETCO₂ 34 HR 64 Breath Sounds Bilateral & clear
 Trach size 8 Type of trach tube Shiley Cuff press 20 mmHg Appearance of tracheal stoma site slight redness noted around stoma
 treatment to tracheal stoma site. Appearance of skin integrity under trach holding strap NOK MOC
 Trach holder changed Mon., Thurs., Bath Day and PRN. Tracheostomy tube inner cannula changed _____ and PRN. Tracheostomy tube last changed or inserted on _____. Trach care completed QS and prn. Suction for loose/thick/thin/tenacious secretion. Secretion's color yellow Amounts scant/small/moderate/large or copious. Resident is receiving Albuterol 2.5 mg PRN Atrovent 340 Other: _____

Recent ABG: PH 7.41 PCO₂ 54 PO₂ 85 HCO₃ 34 O₂ SAT 96

CXR RLLobe infiltrate

CBC WBC 10.2 Hgb 12 Temperature 98.5 On Antibiotics _____ for treatment of _____ Mental Status Resident Alert

Other Information: oriented, anxious on contact isolation, +M R S A in sputum, will exit to monitor for 24 hr in sup. status and supportive care will continue as ordered

A. Sklar RRT
 Respiratory Therapist Signature

DATE	A.	Resident's <u>1st</u> Day/Evening/Night of Admission	Suctioned for: <u>Small/medium/large</u> amounts
1/22/08		Color <u>pink</u> Consistency <u>thin</u>	
		O ₂ SAT <u>97</u> HR <u>69</u> ETCO ₂ <u>35</u>	
		Assisting <u>19</u> Resident appears <u>comfortable no sig</u>	
		<u>distress noted. will continue to monitor for any A's. supportive care</u>	
		RT's Signature <u>A. Splan</u>	

DATE	B.	Resident's <u>1st</u> Day/Evening/Night of Admission	Suctioned for: <u>Small/medium/large</u> amounts
1/22/08		Color <u>yellow</u> Consistency <u>thick</u>	
		O ₂ SAT <u>97%</u> HR <u>52 BPM</u> ETCO ₂ <u>41 mmHg</u>	
		Assisting <u>18</u> Resident appears <u>stable, no resp.</u>	
		<u>distress noted. BS bilateral, Rhonchi (+), will continue to monitor for any A's.</u>	
		RT's Signature <u>Akhatar</u>	

DATE	C.	Resident's <u>2nd</u> Day/Evening/Night of Admission	Suctioned for: <u>Small/medium/large</u> amounts
1/22/08		Color <u>yellow</u> Consistency <u>thick</u>	
		O ₂ SAT <u>97%</u> HR <u>55</u> ETCO ₂ <u>43 mmHg</u>	
		Assisting <u>17</u> Resident appears <u>stable, no respiratory</u>	
		<u>distress noted. will continue to monitor for any A's in resp. status.</u>	
		RT's Signature <u>Akhatar</u>	

DATE	D.	Resident's <u>2nd</u> Day/Evening/Night of Admission	Suctioned for: <u>Small/medium/large</u> amounts
1/23/08		Color <u>yellow</u> Consistency <u>thick</u>	
11p-1am		O ₂ SAT <u>98%</u> HR <u>64</u> ETCO ₂ <u>42 mmHg</u>	
		Assisting <u>17</u> Resident appears <u>stable, no resp distress</u>	
		<u>noted. we'll closely monitor for any changes in resp. status.</u>	
		RT's Signature <u>M. Stofanelli RRT</u>	

DATE	E.	Resident's <u>2nd</u> Day/Evening/Night of Admission	Suctioned for: <u>Small/medium/large</u> amounts
		Color <u>yellow</u> Consistency <u>thick</u>	
		O ₂ SAT <u>96</u> HR <u>45</u> ETCO ₂ <u>43 mmHg</u>	
		Assisting <u>14</u> Resident appears <u>stable, will continue to</u>	
		<u>monitor for any A's in respiratory status.</u>	
		RT's Signature <u>M. Stofanelli RRT</u>	

DATE	F.	Resident's <u>3rd</u> Day/Evening/Night of Admission	Suctioned for: <u>Small/medium/large</u> amounts
		Color <u>yellow</u> Consistency <u>thick</u>	
		O ₂ SAT <u>96</u> HR <u>48</u> ETCO ₂ <u>40 mmHg</u>	
		Assisting <u>13</u> Resident appears <u>stable. ABG's done on AC12, V-500cc</u>	
		<u>F10235/45% F10 analyzed 40%, ABG results are pH 7.35 PCO2 56 PO2 80.4 HCO3 31.3 BEB 3.8, No A's made.</u>	
		RT's Signature <u>M. Stofanelli RRT</u>	

DATE	G.	Resident's <u>3rd</u> Day/Evening/Night of Admission	Suctioned for: <u>Small/medium/large</u> amounts
1/24/08		Color <u>pink</u> Consistency <u>thin</u>	
		O ₂ SAT <u>95</u> HR <u>62</u> ETCO ₂ <u>38</u>	
		Assisting <u>20</u> Resident appears <u>comfortable no</u>	
		<u>distress noted. will continue to observe and provide supportive care</u>	
		RT's Signature <u>A. Splan</u>	

DATE	H.	Resident's <u>3rd</u> Day/Evening/Night of Admission	Suctioned for: <u>Small/medium/large</u> amounts
1/24/08		Color <u>yellowish</u> Consistency <u>thick</u>	
7A-3P		O ₂ SAT <u>96%</u> HR <u>54/min</u> ETCO ₂ <u>36 mmHg</u>	
		Assisting <u>16</u> Resident appears <u>stable. No resp distress</u>	
		<u>noted. BS bilateral, Rhonchi (+) will continue to monitor for changes in resp status.</u>	
		RT's Signature <u>Azara Faruqi</u>	

DATE	I.	Resident's <u>Day/Evening/Night</u> of Admission	Suctioned for: <u>Small/medium/large</u> amounts
		Color _____ Consistency _____	
		O ₂ SAT _____ HR _____ ETCO ₂ _____	
		Assisting _____ Resident appears _____	
		RT's Signature _____	

SILVERLAKE-KARRON-000460

RT's Signature

SILVER LAKE SPECIALIZED CARE CENTER
RESPIRATORY THERAPY INITIAL ORDER SHEET/ADMISSION ASSESSMENT

This form is to be completed by the physician. Specifications must be completed prior to initiation of treatment. Write in Doctor's Order Sheet "Respiratory Therapy Form Made Out".

Resident Name: Karron M Room No. 245A ID #: 15354
 Physician: KLATR Admission Date: 2/19/09 Time: 5PM

Objective Therapy:

- ☒ Life Support
- ☒ Correct Hypoventilation
- ☒ Bronchodilation
- ☒ Mobilize Secretion
- ☒ Correct Hypoxia
- ☒ Acid/Base Correction
- Other: _____

VENTILATOR CHECKLIST

Date: 2/19/09
 Vent#: 21116 Tech. Initials: GPA

Alarms Functioning ☒
 Pressure Check ☒
 Rate Check ☒

Filters in Place ☒
 Volume Check ☒
 FiO₂ ☒

Comments: Self-Test Passed

PHYSICIAN ORDERS:

VENTILATOR PARAMETERS:

MODE	FiO ₂	RESP. RATE	TIDAL VOLUME	PRESSURE LIMIT
<u>A/C</u>	<u>35-45</u>	<u>16</u>	<u>500</u>	<u>As per policy</u>

PHYSICIAN SIGNATURE: [Signature]

DATE: 2/24/09

CHARGE NURSE: [Signature]

RESP. THERAPIST: [Signature]

Resident is a 77 year old (m/f) with a history of COPD, Pneumonia, A Fib, Resp. Failure, ETOH abuse, malnutrition, Hyperlipidemia, MRSA (septum) Sepsis & UTI on ventilator support with the following vent setting:

Mode A/C, IMV, CPAP Respiratory Rate 16 Assisting Rate — VT 500
 Spont VT N/A PS N/A Peep 4.5 FiO₂ 35-45 I Time 0.9 Flow Rate 44
 Pip 30 Alarm set at low pressure 16 High pressure 55 Low volume 6.4
 O₂Sat 98 ETCO₂ 34 HR 97 Breath Sounds llb + bilat crackles
 Trach size 8 Type of trach tube DCT Cuff press 22 Appearance of tracheal stoma site normal
 Receiving N/A

treatment to tracheal stoma site. Appearance of skin integrity under trach holding strap normal.
 Trach holder changed Mon., Thurs., Bath Day and PRN. Tracheostomy tube inner cannula changed QD and PRN.
 Tracheostomy tube last changed or inserted on 2/3/09. Trach care completed QS and prn. Suction for loose/thick/thin/tenacious secretion. Secretion's color yellow. Amounts scant/ small/moderate/large or copious.

Resident is receiving Albuterol PRN Atrovent Q 4h Other: N/A
 Recent ABG: Date: N/A PH N/A PCO₂ N/A PO₂ N/A

HCO₃ N/A O₂ SAT N/A CXR: Date N/A CXR N/A

MCV 30.2 — MCH 11.4 CBC WBC 11.4 RBC 3.0 Hgb 8.9 HCT 30.2
 Temperature 99.5 On Antibiotics Diffucan 200mg for treatment of Sepsis & UTI

Mental Status Responsive to tactile Other Information: & painful stimulation. Currently resting comfortably on current vent settings & no signs of Resp. distress - RT to continue monitor

[Signature]
 Respiratory Therapist Signature

DATE	A.	Resident's	1st Day/Evening/Night of Admission	Suctioned for: Small/medium/large amounts
2/20/09		Color	yellow	Consistency
		O ₂ SAT	97%	HR
		Assisting	ETCO ₂	32 mm Hg
		Resident appears	stable	no resp. distress
		noted. Will continue to monitor		
		F. Kobar		

RT's Signature

DATE	B.	Resident's	1st Day/Evening/Night of Admission	Suctioned for: Small/medium/large amounts
2/20/09		Color	yellow	Consistency
7-3		O ₂ SAT	98%	HR
		Assisting	ETCO ₂	31 mm Hg
		Resident appears	stable	no resp. distress
		noted. Will continue to monitor		
		F. Kobar		

RT's Signature

DATE	C.	Resident's	2nd Day/Evening/Night of Admission	Suctioned for: Small/medium/large amounts
2/29/09		Color	yellow	Consistency
3-11		O ₂ SAT	98%	HR
		Assisting	ETCO ₂	30 mm Hg
		Resident appears	stable	no resp. distress
		noted. Will continue to monitor		
		F. Kobar		

RT's Signature

DATE	D.	Resident's	2nd Day/Evening/Night of Admission	Suctioned for: Small/medium/large amounts
2/20/09		Color	yellow	Consistency
11p-7A		O ₂ SAT	97%	HR
		Assisting	ETCO ₂	32 mm Hg
		Resident appears	stable	no resp. distress
		noted. Will continue to monitor		
		Aram Farwaj		

RT's Signature

DATE	E.	Resident's	2nd Day/Evening/Night of Admission	Suctioned for: Small/medium/large amounts
2/21/09		Color	yellow	Consistency
		O ₂ SAT	96%	HR
		Assisting	ETCO ₂	31 mm Hg
		Resident appears	stable	no resp. distress
		noted. Will continue to monitor		
		S. Maruy		

RT's Signature

DATE	F.	Resident's	3rd Day/Evening/Night of Admission	Suctioned for: Small/medium/large amounts
2/21/09		Color	yellow	Consistency
3pm-11pm		O ₂ SAT	99%	HR
		Assisting	ETCO ₂	36 mm Hg
		Resident appears	stable	no resp. distress
		noted. Will continue to monitor for any changes in respiratory status.		
		Jodi Call		

RT's Signature

DATE	G.	Resident's	3rd Day/Evening/Night of Admission	Suctioned for: Small/medium/large amounts
		Color	yellow	Consistency
		O ₂ SAT	99%	HR
		Assisting	ETCO ₂	32 mm Hg
		Resident appears	stable	no resp. distress
		noted. Will continue to monitor for any changes in respiratory status		
		Jodi Call		

RT's Signature

DATE	H.	Resident's	3rd Day/Evening/Night of Admission	Suctioned for: Small/medium/large amounts
2/21/09		Color	yellow	Consistency
		O ₂ SAT	98%	HR
		Assisting	ETCO ₂	40 mm Hg
		Resident appears	stable	no resp. distress
		noted. Will continue to monitor		
		F. Kobar		

RT's Signature

DATE	I.	Resident's	Day/Evening/Night of Admission	Suctioned for: Small/medium/large amounts
		Color		Consistency
		O ₂ SAT		HR
		Assisting		ETCO ₂
		Resident appears		

RT's Signature

SILVERLAKE-KARRON-000462

Arterial Blood Gas Flow Sheet

Name: KARROW, MARION ID#: 15356

RM: 237A

-----Vent Setting-----

[illegible]

Arterial Blood Gas Reference Range:

PH 7.35-7.45

HCO₃ 22-26

PT Body Temp. 98°-99° F

PCO₂ 35–45 mm hg

BE 0 +/- 2

PO₂ 80-100 mm hg

TCO₂ 22 - 29

Silver Lake Specialized Care Center
RESPIRATORY THERAPY MONTHLY ASSESSMENT NOTE

Resident's Name: KARRON, MARION Date: 2/08/08 ID#: 15354

Resident is a 77 year old (m/f) with a history of CARD, Resp. failure
A fib, Pneumonia

_____ on ventilator support with the following vent setting:

Mode A/C IMV, CPAP Respiratory Rate 12 Assisting Rate 19 VT 500

Spont VT NA PS NA Peep NA Fio₂ 35/45 I Time 0.9 Flow Rate 44

Pip 18 Alarm set at low pressure 12 High pressure 50 Low volume 2.5

O₂SAT 96% ETCO₂ 40 HR 78 Breath sounds Bil. breath sounds E R+ Trach

size 8.0 Type of trach tube ACT Cuff press 22 Aspirate Bivona Trach Tube QS or (NA)

Appearance of tracheal stoma site normal. Receiving

NA treatment to tracheal stoma site. Appearance of skin integrity under

trach holding strap normal. Trach holder changed Mon., Thurs., bath day and prn. Tracheostomy

tube inner cannula changed/cleaned QD and prn. Tracheostomy tube last changed on 2/5/08.

Trach care completed QS and prn. Suction for loose/thick/tenacious secretion Q OOD & PRN. Secretion's

Color yellow. Amounts scant/small/moderate/large or copious. Oral/Pharyngeal Suctioning QS and

PRN or (NA). Resident is receiving Albuterol Q4H PRN Atrovent Q4H Other NA

_____. Ventilator circuits changed Q month and prn. HME changed Q OOD and prn.

Weaning parameters VC NA Spont VT NA Spont RR NA NiF NA.

Weaning: T/C @ NA % or NA LPM increased by NA hr's/day to maximum of NA hours.

O₂SAT NA ETCO₂ NA RR NA HR NA during weaning trials. Speaking

valve duration NA

Recent ABG: PH 7.35 PCO₂ 56.1 PO₂ 80.4 HCO₃ 31.3 O₂ SAT 95.7. CXR 1/19/08

R/O Pulmonary Edema CBC 1/14/08 ^{HGB 11.2} WBC 10 Isolation NA Temperature 99.1

On Antibiotics NA for treatment of NA. Weekly rounds with

pulmonary physician(s) Dr. Sasso

Summary: Patient Stable - No distress noted

Not weanable at this time -

Respiratory Care Practitioner

Print Name JOSSELIN PHILLIPS

Signature [Signature] Date 2/08/08

n/a - non applicable

Silver Lake Specialized Care Center
RESPIRATORY THERAPY MONTHLY ASSESSMENT NOTE

Resident's Name: KARRON MARION Date: 3/8/08 ID#: 15354

Resident is a 77 year old (m) with a history of VDRE, COPD, Respiratory FAILURE, Vent dependent

PNEUMONIA on ventilator support with the following vent setting:

Mode (A/C) IMV, CPAP Respiratory Rate 12 Assisting Rate 14 VT 500

Spont VT N/A PS N/A Peep N/A Fio₂ 35/45 I Time 0.8 Flow Rate 50 L/min

Pip 18-20 Alarm set at low pressure 50 High pressure 12 Low volume 2.5

O₂SAT 97% ETCO₂ 37 mmHg HR 84 Breath sounds Rhonchi BL Trach

size 8 Type of trach tube DCT Cuff press 22 Aspirate Bivona Trach Tube QS or NA

Appearance of tracheal stoma site NORMAL Receiving

N/A treatment to tracheal stoma site. Appearance of skin integrity under

trach holding strap NORMAL Trach holder changed Mon., Thurs., bath day and prn. Tracheostomy

tube inner cannula changed/cleaned QD and prn. Tracheostomy tube last changed on 2/5/08

Trach care completed QS and prn. Suction for loose thick tenacious secretion Q OOD & PRN. Secretion's

Color yellow. Amounts scant/small/moderate/large or copious. Oral/Pharyngeal Suctioning QS and

PRN or NA. Resident is receiving Albuterol PRN Atrovent Qy Hrs Other N/A

N/A. Ventilator circuits changed Q month and prn. HME changed Q OOD and prn.

Weaning parameters VC N/A Spont VT N/A Spont RR N/A NiF N/A

Weaning: T/C @ N/A% or N/A LPM increased by N/A hr's/day to maximum of N/A hours.

O₂SAT N/A ETCO₂ N/A RR N/A HR N/A during weaning trials. Speaking

valve duration N/A

Recent ABG: PH N/A PCO₂ N/A PO₂ N/A HCO₃ N/A O₂ SAT N/A CXR 2/19/08

COPD, cardiomegaly CBC 1/14/08 Hb 11, wbc 10 Isolation N/A Temperature 98.6°

On Antibiotics N/A for treatment of N/A. Weekly rounds with

pulmonary physician(s) 3/6/08 DR Sossio no A's was order

Summary: Resident appears stable no respiratory distress noted. Will continue to monitor

Respiratory Care Practitioner

Print Name TIBOR KOBRIN

Signature Tibor Kobrin Date 3/8/08

n/a - non applicable

Silver Lake Specialized Care Center
RESPIRATORY THERAPY MONTHLY ASSESSMENT NOTE

Resident's Name: KARRON, MAXION Date: 4/1/08 ID#: 15354

Resident is a 77 year old (m/f) with a history of resp. failure - vasc. decompensated,
COPD, UDLF, n/o malnutrition

on ventilator support with the following vent setting:

Mode A/C, IMV, CPAP Respiratory Rate 12 Assisting Rate 18 VT 500
Spont VT 440 PS N/A Peep N/A Fio₂ 35-45% I Time 9 Flow Rate 44
Pip 26 Alarm set at low pressure 16 High pressure 55 Low volume 2.5
O₂SAT 96% ETCO₂ 40 mmHg HR 88 bpm Breath sounds Bilateral & rhonchi Trach
size 8 Type of trach tube EC Cuff press 22 mmHg Aspirate Bivona Trach Tube QS or NA
Appearance of tracheal stoma site NORMAL Receiving

N/A treatment to tracheal stoma site. Appearance of skin integrity under
trach holding strap NORMAL. Trach holder changed Mon., Thurs., bath day and prn. Tracheostomy
tube inner cannula changed/cleaned QD and prn. Tracheostomy tube last changed on 3/31/08.

Trach care completed QS and prn. Suction for loose/thick/tenacious secretion QOOD & PRN. Secretion's
Color yellow. Amounts scant/small/moderate/large or copious. Oral/Pharyngeal Suctioning QS and
PRN or NA. Resident is receiving Albuterol Q4H PRN Atrovent Q4H Other N/A

Ventilator circuits changed Q month and prn. HME changed Q OOD and prn.

Weaning parameters VC N/A Spont VT N/A Spont RR N/A NiF N/A.

Weaning: T/C @ N/A % or N/A LPM increased by N/A hr's/day to maximum of N/A hours.

O₂SAT N/A ETCO₂ N/A RR N/A HR N/A during weaning trials. Speaking
valve duration N/A

Recent ABG: PH N/A PCO₂ N/A PO₂ N/A HCO₃ N/A O₂ SAT N/A CXR N/A
CBC N/A Isolation N/A Temperature 99.4

On Antibiotics N/A for treatment of N/A. Weekly rounds with
pulmonary physician(s) Dr. Sasso - poor prognosis not weanable

Summary: Pt has persistent episodes of desaturation - placed on O₂ and
chest x-ray, CBC, BMP was ordered. Desats are frequent. Pt is agi-
tated, with copious rhonchi for cough changes in resp. status

Respiratory Care Practitioner

Print Name M. BORONET

Signature M. BORONET Date 4/1/08

n/a - non applicable

Silver Lake Specialized Care Center
RESPIRATORY THERAPY MONTHLY ASSESSMENT NOTE

Resident's Name: Karran Marion Date: 5/1/08 ID#: 15354

Resident is a 77 year old (m/f) with a history of Resp. Failure, Vent Dependent COPD, Pneumonia, A Fib, ETOH abuse, Hypothyroidism, Hyperlipidemia, Osteoarthritis on ventilator support with the following vent setting:

Mode A/C IMV, CPAP Respiratory Rate 12 Assisting Rate 14 VT 500
Spont VT 455 PS n/a Peep n/a Fio₂ 35/45% I Time 0.8 Flow Rate 50
Pip 20 Alarm set at low pressure 12 High pressure 50 Low volume 3. L
O₂SAT 96% ETCO₂ 45mmHg HR 67 Breath sounds ld bilat + Rhonchi Trach
size 8 Type of trach tube DCT Cuff press 22cmH₂O Aspirate Bivona Trach Tube QS or NA
Appearance of tracheal stoma site normal Receiving

n/a treatment to tracheal stoma site. Appearance of skin integrity under
trach holding strap normal. Trach holder changed Mon., Thurs., bath day and prn. Tracheostomy
tube inner cannula changed/cleaned QD and prn. Tracheostomy tube last changed on 3/31/08.
Trach care completed QS and prn. Suction for loose/thick/tenacious secretion QOD & PRN. Secretion's
Color yellowish. Amounts scant/small/moderate/large or copious. Oral/Pharyngeal Suctioning QS and
PRN or NA Resident is receiving Albuterol q4 prn Atrovent q4 Other n/a

n/a. Ventilator circuits changed Q month and prn. HME changed Q QOD and prn.

Weaning parameters VC n/a Spont VT n/a Spont RR n/a NiF n/a.

Weaning: T/C @ n/a % or n/a LPM increased by n/a hr's/day to maximum of n/a hours.

O₂SAT n/a ETCO₂ n/a RR n/a HR n/a during weaning trials. Speaking
valve duration pmv c family

Recent ABG: PH n/a PCO₂ n/a PO₂ n/a HCO₃ n/a O₂ SAT n/a CXR n/a
n/a BBC 3.31 Hgb 9.8 Isolation n/a Temperature 98.2°

On Antibiotics n/a for treatment of n/a. Weekly rounds with
pulmonary physician(s) Dr Ciccone

Summary: No evidence of acute infection - not weanable from mechanical ventilation. Severe COPD - RT to continue current regimen

Respiratory Care Practitioner

Print Name Gerard P. Antoine

Signature GA Antoine Date 5/1/08

n/a - non applicable

RESPIRATORY THERAPY MONTHLY ASSESSMENT NOTE

Resident's Name: Karron, Marion Date: 6/1/08 ID#: 15354

Resident is a 77 year old (m/f) with a history of VDRF, COPD, w/o malnutrition, w/o A-Fib, resp. failure, ETCO₂ above, Prema on ventilator support with the following vent setting: Mode A/C, IMV, CPAP Respiratory Rate 12

Assisting Rate 0 VT 500 Spont. VT 0 PS 0 Peep 0
 Fio₂ 45-55 I Time .8 Flow Rate 50 Pip 26 Alarm set at low Pressure 16
 High pressure 55 Low volume 3.0 O₂SAT 96 ETCO₂ 46 HR 90 Breath sounds B2 & Rn Trach size 8 Type of trach tube ACT Cuff press 20 Aspirate Bivona Trach Tube QS or NA Appearance of tracheal stoma site normal

Receiving N/A treatment to tracheal stoma site. Appearance of skin integrity under trach holding strap normal. Trach holder changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned QD and prn. Tracheostomy tube last changed on 3/31/08. Trach care completed QS and prn. Suction for loose/thick/tenacious secretion QS & PRN. Secretion's Color yellow Amounts scant/small to moderate/large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA. Resident is receiving

Albuterol Q4 PRN Atrovent Q4 Other Prednisone 10mg QD Ventilator circuits changed Q month and prn. HME changed QOD and prn. Weaning parameters date N/A VC N/A Spont VT N/A Spont RR N/A NiF N/A. Weaning: T/C @ N/A % or N/A LPM increased by N/A hr's/day to maximum of N/A hours. O₂SAT N/A ETCO₂ N/A RR N/A HR N/A during weaning trials. Speaking valve duration family only. Recent ABG date N/A PH N/A PCO₂ N/A PO₂ N/A HCO₃ N/A O₂ SAT N/A. Recent CXR date: 5/24/08 Results: no active disease seen, COPD is observed Recent CBC date 5/24/08 WBC pending

Hg pending Isolation N/A Temperature 99.7 On Antibiotics N/A for treatment of N/A. Weekly rounds with pulmonary physician(s) Dr. Ciccone on 5/25/08, care discussed & staff, pt is awake and alert, not weanable to ext. present negative.

Summary: resident has episodes of red anxiety no resp. distress noted @ this time, will closely monitor.

Respiratory Care Practitioner

Print Name Alexander Solopovsky

Signature A. Solopovsky Date 6/1/08

n/a - non applicable

RESPIRATORY THERAPY MONTHLY ASSESSMENT NOTE

Resident's Name: B Karen Marion Date: 7/1/08 ID#: 15354

Resident is a 78 year old (m/f) with a history of Vent Dependent Resp failure
COPD, A Fib, Malnutrition, MBSA, Sputum, ETOH Abuse, hypothyroidism
hyperlipidemia, osteoporosis, polycythemia 3/6/08
 on ventilator support with the following vent setting: Mode ATC IMV, CPAP Respiratory Rate 12

Assisting Rate 18 VT 500 Spont. VT N/A PS N/A Peep N/A

Fio₂ 45/55 I Time 0.8 Flow Rate 50 Pip 29 Alarm set at low Pressure 16

High pressure 55 Low volume N/A O₂SAT 99 ETC O₂ 44 HR 45 Breath

sounds Bilateral whechi Trach size 8 Type of trach tube Shiley P9 Cuff

press Aspirate Bivona Trach Tube QS or NA Appearance of tracheal stoma site NORMAL

Receiving NO Treatment treatment to

tracheal stoma site. Appearance of skin integrity under trach holding strap normal Trach holder

changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned QD and

prn. Tracheostomy tube last changed on 6/26/08 Trach care completed QS and prn. Suction for

loose thick tenacious secretion QS & PRN. Secretion's Color yellow Amounts scant/small/

moderate/large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA Resident is receiving

Albuterol Q4 PRN Atrovent Q4 Other NA Ventilator circuits changed Q month

and prn. HME changed QOD and prn. Weaning parameters date N/A VC N/A Spont VT N/A

Spont RR NA NiF N/A Weaning: T/C @ NA % or NA LPM increased by NA hr's/day

to maximum of NA hours. O₂SAT N/A ETCO₂ N/A RR N/A HR N/A during

weaning trials. Speaking valve duration 2 family Recent ABG date NA PH NA

PCO₂ NA PO₂ NA HCO₃ NA O₂ SAT NA Recent CXR date: NA Results: NA

Recent CBC date 6/4/08 WBC 13.4

Hg 9.7 Isolation N/A Temperature 98.6 On Antibiotics N/A

for treatment of N/A Weekly rounds with pulmonary physician(s) 6/30/08

Dr Ralph J. Ciccone pt was hemodynamically stable no signs

of acute infection. pt was not weanable from mechanical Vent.

Summary: Will continue to monitor for any change in respiratory

status -

Respiratory Care Practitioner

Print Name SAMUEL BONHOMME

Signature S. Bonhomme Date 7/1/08

n/a - non applicable

RESPIRATORY THERAPY MONTHLY ASSESSMENT NOTE

Resident's Name: Karron, M Date: 8/1/08 ID#: 15354

Resident is a 77 year old (m/f) with a history of VDRF, COPD, resp. failure
A-fib, ETOH abuse, pneumonia, hypothyroidism
 on ventilator support with the following vent setting: Mode AV, IMV, CPAP Respiratory Rate 16

Assisting Rate 0 VT 500 Spont. VT 0 PS N/A Peep N/A
 Fio₂ 35/45 I Time 0.8 Flow Rate 50 Pip 20 Alarm set at low Pressure 12

High pressure 50 Low volume 3.0 O₂SAT 96 ETCO₂ 44 HR 92 Breath
 sounds BBB = RR Trach size 8 Type of trach tube DCT Cuff
 press 22 Aspirate Bivona Trach Tube QS or NA Appearance of tracheal stoma site Normal

Receiving N/A treatment to
 tracheal stoma site. Appearance of skin integrity under trach holding strap Normal Trach holder
 changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned QD and
 prn. Tracheostomy tube last changed on 6/26/08 Trach care completed QS and prn. Suction for
 loose thick tenacious secretion QS & PRN. Secretion's Color yellow. Amounts scant/small/
moderate/large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA Resident is receiving

Albuterol Q4PRNA Atrovent Q4 Other Q4 Ventilator circuits changed Q month
 and prn. HME changed QOD and prn. Weaning parameters date N/A VC N/A Spont VT N/A
 Spont RR N/A NiF N/A Weaning: T/C @ N/A% or — LPM increased by — hr's/day
 to maximum of — hours. O₂SAT N/A ETCO₂ N/A RR N/A HR N/A during
 weaning trials. Speaking valve duration = family only Recent ABG date 7/15/08 PH 7.34
 PCO₂ 80 PO₂ 100 HCO₃ 43.1 O₂ SAT 97 Recent CXR date: 7/15/08 Results: Mild CHF
No pneumonia COPD Recent CBC date 7/14/08 WBC 13.4

Hg 9.4 Isolation N/A Temperature 98.7 On Antibiotics N/A
 for treatment of N/A Weekly rounds with pulmonary physician(s) Dr. Ciccone

on 7/28/08 case discussed = staff Pt. is not
 weanable 2° to severe COPD To continue present
 Summary: regimine Pt. is stable no resp. distress
noted at this time Will cont. to monitor

Respiratory Care Practitioner

Print Name Felix Kravchuk

Signature F. Kravchuk Date 8/1/08

n/a – non applicable

RESPIRATORY THERAPY MONTHLY ASSESSMENT NOTE

Resident's Name: Karron, Marion Date: 9/1/08 ID#: 15354

Resident is a 80 year old (mf) with a history of VDLF, COPD, Hx: A-Fib N/A
malnutrition

on ventilator support with the following vent setting: Mode A/C, IMV, CPAP Respiratory Rate 16

Assisting Rate 18 VT 500 Spont. VT — PS — Peep —

Fio₂ 35/45 I Time .9 Flow Rate 44 L/min Pip 18 Alarm set at low Pressure 12

High pressure 50 Low volume 4.0 O₂SAT 96-98% ETCO₂ 46 mmHg HR 72 Breath

sounds equal bilat & diffuse rhc. Trach size 8 Type of trach tube DCT Cuff

press 24 Aspirate Bivona Trach Tube QS or NA, Appearance of tracheal stoma site normal

Ø redness or swelling. Receiving Ø treatment to

tracheal stoma site. Appearance of skin integrity under trach holding strap normal. Trach holder

changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned Q 24h and

prn. Tracheostomy tube last changed on 8/25/08. Trach care completed QS and prn. Suction for

loose/thick/tenacious secretion QS & PRN. Secretion's Color yellow. Amounts scant/small/

moderate large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA. Resident is receiving

Albuterol Q 4h PRN (100) Atrovent 100 Q 4h Other — Ventilator circuits changed Q month

and prn. HME changed QOD and prn. Weaning parameters date — VC — Spont VT —

Spont RR — NiF —. Weaning: T/C @ — % or — LPM increased by — hr's/day

to maximum of — hours. O₂SAT — ETCO₂ — RR — HR — during

weaning trials. Speaking valve duration — Recent ABG date 7/15/08 PH 7.34

PCO₂ 45 PO₂ 100.5 HCO₃ 43.1 O₂ SAT 97.2. Recent CXR date: 8/18/08 Results: Right

lower lobe infiltrate. Recent CBC date 7/14/2008 WBC 13.4

Hg 9.4 Isolation N/A Temperature 97.6 On Antibiotics —

for treatment of —. Weekly rounds with pulmonary physician(s) Dr. Gassio

Ø Δ's at this time. NOT remarkable so severe COPD.

Summary: month study at this time Ø signs of Resp. distress. We will continue to closely monitor

Respiratory Care Practitioner

Print Name Michelle H

Signature [Signature] Date 9/1/08

n/a – non applicable

RESPIRATORY THERAPY MONTHLY ASSESSMENT NOTE

Resident's Name: Karron, Marion Date: 10/1/08 ID#: 15354

Resident is a 77 year old (m/f) with a history of COPD, A-FIB, Osteoporosis, Resp. Failure, Pneumonia, MRSA, Dysphagia, Hypothyroidism on ventilator support with the following vent setting: Mode (A/C) IMV, CPAP Respiratory Rate 16

Assisting Rate 0 VT 500cc Spont. VT N/A PS N/A Peep N/A

Fio₂ 35/45 I Time 0.9 Flow Rate 44 Pip 30 Alarm set at low Pressure 16

High pressure 55 Low volume 6.4 O₂SAT 93 ETCO₂ 40 HR 59 Breath

sounds BL RHONCHI Trach size 8 Type of trach tube DCT Cuff

press 24cm Aspirate Bivona Trach Tube QS or NA, Appearance of tracheal stoma site normal

normal. Receiving N/A treatment to

tracheal stoma site. Appearance of skin integrity under trach holding strap normal. Trach holder

changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned QD and

prn. Tracheostomy tube last changed on 8/25/08. Trach care completed QS and prn. Suction for

loose thick tenacious secretion QS & PRN. Secretion's Color yellow. Amounts scant small

moderate/large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA. Resident is receiving

Albuterol VDQ4PRNA atrovent VDQ4 Other N/A Ventilator circuits changed Q month

and prn. HME changed QOD and prn. Weaning parameters date N/A VC N/A Spont VT N/A

Spont RR N/A NiF N/A. Weaning: T/C @ N/A % or N/A LPM increased by N/A hr's/day

to maximum of N/A hours. O₂SAT N/A ETCO₂ N/A RR N/A HR N/A during

weaning trials. Speaking valve duration N/A Recent ABG date 7/15/08 PH 7.34,

PCO₂ 45 PO₂ 100.5 HCO₃ 43.1 O₂ SAT 97%. Recent CXR date: 8/30/08 Results: COPD is

observed, no active disease is seen. Recent CBC date 9/22/08 WBC 7.0

Hg 10.2 Isolation N/A Temperature 99.2 On Antibiotics cefotetan

for treatment of G tube abscess. Weekly rounds with pulmonary physician(s) patient is

not weanable from mechanical ventilation. This is secondary to

severe COPD.

Summary: No continue present regimine, Overall prognosis is

extremely poor.

Respiratory Care Practitioner

Print Name M. STEFAWELL

Signature M. Stefawell Date 10/1/08

n/a - non applicable

RESPIRATORY THERAPY MONTHLY ASSESSMENT NOTE

Resident's Name: KARRON, MARION Date: 11/1/08 ID#: 15354

Resident is a 77 year old (m/f) with a history of Resp. Failure, COPD, A-Fib, MRSA, Pneumonia, Osteoporosis, Dysphagia, Hypothyroidism

on ventilator support with the following vent setting: Mode (A/C) IMV, CPAP Respiratory Rate 16
Assisting Rate 0 VT 500 Spont. VT N/A PS N/A Peep N/A
Fio₂ 35/45% I Time .9 Flow Rate 44 Pip 26 Alarm set at low Pressure 16
High pressure 55 Low volume 6.4 O₂SAT 98% ETCO₂ 48 HR 86 Breath
sounds bilateral rhonchi Trach size 8 Type of trach tube DCT Cuff
press MOV Aspirate Bivona Trach Tube QS or NA, Appearance of tracheal stoma site normal
Receiving N/A treatment to

tracheal stoma site. Appearance of skin integrity under trach holding strap normal. Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned QD and
prn. Tracheostomy tube last changed on 10/3/08. Trach care completed QS and prn. Suction for
loose thick/tenacious secretion QS & PRN. Secretion's Color yellow. Amounts scant/small/
moderate/large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA. Resident is receiving

Albuterol Q4H PRN Atrovent Q4H Other NONE Ventilator circuits changed Q month
and prn. HME changed QOD and prn. Weaning parameters date N/A VC N/A Spont VT N/A
Spont RR N/A NiF N/A. Weaning: T/C @ N/A % or N/A LPM increased by N/A hr's/day
to maximum of N/A hours. O₂SAT N/A ETCO₂ N/A RR N/A HR N/A during
weaning trials. Speaking valve duration PMV ± family only Recent ABG date N/A PH N/A
PCO₂ N/A PO₂ N/A HCO₃ N/A O₂ SAT N/A. Recent CXR date: 10/15/08 Results: COPD,
Right Lower Lobe Pneumonia. Recent CBC date 10/30/08 WBC N 6.3
Hg ↓ 9.3 Isolation N/A Temperature 99° On Antibiotics NONE

for treatment of N/A. Weekly rounds with pulmonary physician(s) Dr. Ciccone
on 10/27/08 case discussed ± staff. Patient is not weanable from
mechanical ventilation secondary to severe COPD.

Summary: Pt is stable. We'll continue to monitor pt. for any Δ² in
respiratory status.

Respiratory Care Practitioner

Print Name Svetlana Marinyak

Signature S Marinyak Date 11/1/08

n/a - non applicable

RESPIRATORY THERAPY MONTHLY ASSESSMENT NOTE

Resident's Name: Karrov, Marion Date: 12/1/08 ID#: 15354
 Resident is a 77 year old (m/f) with a history of Resp. Failure, VDRF, COPD, w/o malnutrition, w/o A-Fib, osteoporosis
 on ventilator support with the following vent setting: Mode A/C, IMV, CPAP Respiratory Rate 16
 Assisting Rate 19 VT 500 Spont. VT N/A PS N/A Peep N/A
 Fio₂ 35-45 I Time 0.9 Flow Rate 44 Pip 20 Alarm set at low Pressure 16
 High pressure 55 Low volume 6.4 O₂SAT 96 ETCO₂ 43 HR 59 Breath
 sounds BL, DE, RH Trach size 8 Type of trach tube DCX Cuff
 press 24 Aspirate Bivona Trach Tube QS or NA Appearance of tracheal stoma site normal
 Receiving N/A treatment to

tracheal stoma site. Appearance of skin integrity under trach holding strap normal. Trach holder
 changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned QD and
 prn. Tracheostomy tube last changed on 10/3/08. Trach care completed QS and prn. Suction for
 loose/thick/tenacious secretion QS & PRN. Secretion's Color yellow. Amounts scant/small to
 moderate/large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA. Resident is receiving

Albuterol Q4 PRN Atrovent Q4 Other Prednisone 10mg QD Ventilator circuits changed Q month
 and prn. HME changed QOD and prn. Weaning parameters date N/A VC N/A Spont VT N/A
 Spont RR N/A NiF N/A Weaning: T/C @ N/A % or N/A LPM increased by N/A hr's/day
 to maximum of N/A hours. O₂SAT N/A ETCO₂ N/A RR N/A HR N/A during
 weaning trials. Speaking valve duration 5-10 min only Recent ABG date N/A PH N/A
 PCO₂ N/A PO₂ N/A HCO₃ N/A O₂ SAT N/A Recent CXR date: 11/19/08 Results: COPD and
RLL pneumonia. Recent CBC date 11/29/08 WBC 8.7

Hg 9.7 Isolation N/A Temperature 99.6 On Antibiotics Maxipime, Avelox
 for treatment of RLL Pneumonia. Weekly rounds with pulmonary physician(s) Dr. Ciccone
on 11/24/08, case discussed to staff pt is tetraplegic, not
weanable, 2° to severe COPD, cont. pneum. syndrome.

Summary: Resident had DE B to 150B this morning,
Alb. Tx 100 given PRN to @ 2es, will closely monitor.

Respiratory Care Practitioner

Print Name Alexandra Sokolovskiy

Signature [Signature] Date 12/1/08

n/a - non applicable

RESPIRATORY THERAPY MONTHLY ASSESSMENT NOTE

Resident's Name: Karron, Marion Date: 1/1/09 ID#: 15354

Resident is a 77 year old (m/f) with a history of COPD, AFib, Osteoporosis
resp. failure, pneumonia, MRSA, Dysphagia, hypothyroidism.
 on ventilator support with the following vent setting: Mode A/C IMV, CPAP Respiratory Rate 16

Assisting Rate 19 VT 500 Spont. VT 491 PS N/A Peep +5

Fio₂ 35/45 I Time 0.9 Flow Rate 44 Pip 23 Alarm set at low Pressure 20

High pressure 60 Low volume 6.4 O₂SAT 95 ETCO₂ 49 mmHg HR 17 Breath

sounds Bilateral Rhonchi heard Trach size 8 Type of trach tube Shiley Cuff 24

press cmH₂O Aspirate Bivona Trach Tube QS or NA, Appearance of tracheal stoma site

Receiving N/A treatment to

tracheal stoma site. Appearance of skin integrity under trach holding strap normal. Trach holder

changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned QD and

prn. Tracheostomy tube last changed on 12/08/08. Trach care completed QS and prn. Suction for

loose/thick/tenacious secretion QS & PRN. Secretion's Color yellow. Amounts scant/small TO

(moderate) large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA. Resident is receiving

Albuterol Q4 PRN Atrovent UD Q4 Other prednisone 10mg Ventilator circuits changed Q month

and prn. HME changed QOD and prn. Weaning parameters date N/A VC N/A Spont VT N/A

Spont RR N/A NiF N/A. Weaning: T/C @ N/A % or N/A LPM increased by N/A hr's/day

to maximum of N/A hours. O₂SAT N/A ETCO₂ N/A RR N/A HR N/A during

weaning trials. Speaking valve duration family only Recent ABG date N/A PH N/A

PCO₂ N/A PO₂ N/A HCO₃ N/A O₂ SAT N/A. Recent CXR date: 11/19/08 Results: COPD, RLL

pneumonia. Recent CBC date 11/29/08 WBC 8-7

Hg 9.7 Isolation N/A Temperature 99.9 On Antibiotics N/A

for treatment of N/A. Weekly rounds with pulmonary physician(s) 12/15/08

Dr Ralph J Ciccone. Case discussed w staff. patient is not

weanable from mechanical ventilation 2d to severe COPD.

Summary: pt is stable, we will continue to monitor pt for any

changes in Resp status.

Respiratory Care Practitioner

Print Name SAMUEL BOWHOMME

Signature S. Bowhomme Date 1/1/09

n/a - non applicable

RESPIRATORY THERAPY MONTHLY ASSESSMENT NOTE

Resident's Name: Karron, Mmion Date: 2/3/09 ID#: 15354

Resident is a 78 year old (m/f) with a history of COPD, Afib, osteoporosis, VDRF

on ventilator support with the following vent setting: Mode (A/C) IMV, CPAP Respiratory Rate 16

Assisting Rate 3 VT 500 Spont. VT N/A PS N/A Peep 5

Fio₂ 35/45 I Time 0.9 Flow Rate 14 Pip 2.7 Alarm set at low Pressure 16 cmH₂O

High pressure 55 cmH₂O Low volume 6.4 O₂SAT 96% ETCO₂ 39 HR 101 Breath

sounds Bilateral & crackles Trach size 8 Type of trach tube Shiley DCT Cuff

press 22 Aspirate Bivona Trach Tube QS or NA Appearance of tracheal stoma site normal

Receiving N/A treatment to

tracheal stoma site. Appearance of skin integrity under trach holding strap N/A Trach holder

changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned 0-1 and

prn. Tracheostomy tube last changed on 12/8/08 Trach care completed QS and prn. Suction for

loose/thick/tenacious secretion QS & PRN. Secretion's Color yellow Amounts scant/small/

moderate/large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA Resident is receiving

Albuterol Q4H PRN Atrovent Q4H Other N/A Ventilator circuits changed Q month

and prn. HME changed QOD and prn. Weaning parameters date N/A VC N/A Spont VT N/A

Spont RR N/A NiF N/A Weaning: T/C @ N/A % or N/A LPM increased by N/A hr's/day

to maximum of N/A hours. O₂SAT N/A ETCO₂ N/A RR N/A HR N/A during

weaning trials. Speaking valve duration 2 min by Recent ABG date N/A PH N/A

PCO₂ N/A PO₂ N/A HCO₃ N/A O₂ SAT N/A Recent CXR date: N/A Results: N/A

Recent CBC date 2/1/09 WBC 18.5

Hg 9.2 Isolation MRSA Secretion Temperature 102.9 On Antibiotics Avelon and maxipime

for treatment of pneumonia Weekly rounds with pulmonary physician(s) & Ciccone

1/26/09 No changes were made during rounds, to be

continue with present regimen

Summary: Resident appears comfortable. Resident is stable.

No signs of any respiratory distress well tolerated to mouth -

Respiratory Care Practitioner

Print Name JOHN CHERIAN

Signature J. Cherian Date 2/3/09

n/a - non applicable

RESPIRATORY THERAPY MONTHLY ASSESSMENT NOTE

Resident's Name: KARRON, MARION Date: 3/6/09 ID#: 15354

Resident is a 77 year old (m/f) with a history of COPD, AFIB, OSTEOPOROSIS, VDRF, R/O malnutrition, resp. failure, pneumonia, MRSA, Sepsis, Hypothyroidism on ventilator support with the following vent setting: Mode A/C, IMV, CPAP Respiratory Rate 18

Assisting Rate 18 VT 500 Spont. VT NA PS NA Peep 7.5

Fio₂ 30/40 I Time 0.9 Flow Rate 44 Pip 30 Alarm set at low Pressure 16

High pressure 55 Low volume 7.2 O₂SAT 95 ETCO₂ 43 HR 125 Breath

sounds BL RHOVCHI Trach size 8 Type of trach tube DCT Cuff

press 24cm Aspirate Bivona Trach Tube QS or NA, Appearance of tracheal stoma site normal

normal. Receiving NA treatment to

tracheal stoma site. Appearance of skin integrity under trach holding strap normal. Trach holder

changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned QD and

prn. Tracheostomy tube last changed on 2/3/09. Trach care completed QS and prn. Suction for

loose thick tenacious secretion QS & PRN. Secretion's Color yellow. Amounts scant small

moderate/large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA. Resident is receiving

Albuterol 1DQ4PRN Atrovent 1DQ4 Other NA Ventilator circuits changed Q month

and prn. HME changed QOD and prn. Weaning parameters date NA VC NA Spont VT NA

Spont RR NA NiF NA. Weaning: T/C @ NA % or NA LPM increased by NA hr's/day

to maximum of NA hours. O₂SAT NA ETCO₂ NA RR NA HR NA during

weaning trials. Speaking valve duration NA Recent ABG date 2/20/09 PH 7.32

PCO₂ 57.6 PO₂ 117.8 HCO₃ 29.8 O₂ SAT 97.8. Recent CXR date: NA Results: NA

NA. Recent CBC date 2/9/09 WBC 11.4

Hg 8.9 Isolation MRSA Temperature 99.6 On Antibiotics NA

for treatment of NA. Weekly rounds with pulmonary physician(s) Resident

to continue present regimen. Resident is not weanable + has poor

prognosis. Will continue to monitor for any A's in respiratory status.

Summary: Resident is not weanable + has poor prognosis.

Respiratory Care Practitioner

Print Name M. STEFANELLI

Signature M. Stefanelli Date 3/6/09

n/a - non applicable

RESPIRATORY THERAPY MONTHLY ASSESSMENT NOTE

Resident's Name: KARRON, MARION Date: 4/3/09 ID#: 15354

Resident is a 77 year old (m) with a history of COPD, VDRE, A-FIB, OSTEOPOROSIS, SEPSIS 2nd UTI, PNA, RESP. FAILURE,

on ventilator support with the following vent setting: Mode A/C, IMV, CPAP Respiratory Rate 18

Assisting Rate NA VT 500cc Spont. VT NA PS NA Peep +5

Fio₂ 30/40 I Time 0.8 Flow Rate 50 Pip 30 Alarm set at low Pressure 16

High pressure 55 Low volume 7.2 O₂SAT 98 ETCO₂ 40 HR 99 Breath

sounds BLRHONCHI Trach size 8 Type of trach tube DCT Cuff

press 24cm Aspirate Bivona Trach Tube QS or NA, Appearance of tracheal stoma site normal

normal. Receiving NA treatment to

tracheal stoma site. Appearance of skin integrity under trach holding strap normal. Trach holder

changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned QD and

prn. Tracheostomy tube last changed on 2/3/09. Trach care completed QS and prn. Suction for

loose thick tenacious secretion QS & PRN. Secretion's Color yellow. Amounts scant/small/

moderate large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA. Resident is receiving

Albuterol UDQ4PRN Atrovent UDQ4 Other NA Ventilator circuits changed Q month

and prn. HME changed QOD and prn. Weaning parameters date NA VC NA Spont VT NA

Spont RR NA NiF NA. Weaning: T/C @ NA % or NA LPM increased by NA hr's/day

to maximum of NA hours. O₂SAT NA ETCO₂ NA RR NA HR NA during

weaning trials. Speaking valve duration NA Recent ABG date NA PH NA

PCO₂ NA PO₂ NA HCO₃ NA O₂ SAT NA. Recent CXR date: NA Results: NA

NA. Recent CBC date 2/9/09 WBC 11.4

Hg 8.9 Isolation NA Temperature 101.5 On Antibiotics NA

for treatment of NA. Weekly rounds with pulmonary physician(s) Resident

is hemodynamically stable. Staff to continue present regimine. Resident is not weanable from mechanical ventilation. Overall prognosis is poor.

Summary: Resident is not weanable. Overall prognosis is poor. Will continue to monitor for any NA in respiratory status.

Respiratory Care Practitioner

Print Name M. STEFANELLI

Signature M. Stefanelli Date 4/3/09

n/a – non applicable

Patient Information

Karron, Marion
 SSN: 118244899

shiel
 medical laboratory
 Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account 2509306-120858

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8205298T	1260017203	10/26/2008	10/26/08	10/27/2008	F	78
PATIENT		RESULTS				

Test Out of Range Within Range Reference Range Units

Chemistry

Glucose (grey) H 142 65-99 mg/dL
 FASTING Fasting? No Criteria for the diagnosis of diabetes:
 (Fasting Glucose)
 <100 mg/dL: Normal fasting glucose
 100-125 mg/dL: Impaired fasting glucose
 >125 mg/dL: Indicative of diabetes
 Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen In Process 9-23 mg/dL
 Creatinine 0.6 0.6-1.1 mg/dL
 eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio In Process 5.0-30.0
 Sodium 141 132-146 mEq/L
 Potassium In Process 3.5-5.5 mEq/L
 Serum Appearance Clear Clear
 Chloride 100 99-109 mEq/L
 Carbon Dioxide In Process 20-31 mEq/L
 Calcium 9.2 8.5-10.4 mg/dL
 Protein, Total 6.6 6.0-8.3 g/dL
 Albumin 3.4 3.2-4.8 g/dL
 Globulin 3.2 1.9-4.0 g/dL
 A/G Ratio 1.0 1.0-2.5 Ratio
 Alkaline Phosphatase In Process 45-129 IU/L
 AST (SGOT) In Process 13-40 IU/L
 ALT (SGPT) 49 10-49 IU/L
 Bilirubin, Total In Process 0.3-1.2 mg/dL

Hematology

White Blood Count 10.3 4.0-11.0 $\times 10^3/uL$
 Red Blood Count L 3.16 3.80-5.40 $\times 10^6/uL$
 Hemoglobin L 9.7 11.1-14.7 g/dL
 Hematocrit L 30.2 34.0-45.0 %
 MCV 96 78-102 fL
 MCH 30.7 27.0-31.0 pg

INCOMPLETE REPORT

Report Generated By Autolims on 10/27/2008 at 08:22 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
 2509306-12085849

SILVERLAKE-KARRON-000479

1B✓

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Eniel
medical laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.
Patricia R. Romano, M.D.

Patient Information
1, Marion
118244899
130A

imen #
46937

Lab #
1300022701

Date Collected	Date Received	Date Reported
10/30/2008 08:05 AM	10/30/08	10/31/2008

Sex	Age
F	78

Reference Range

Units

PATIENT RESULTS
Out of Range Within Range

Test

65-99

mg/dL

istry
ose (grey)
NGFasting?No
(Fasting Glucose)
<100 mg/dL: Normal fasting glucose
100-125 mg/dL: Impaired fasting glucose
>125 mg/dL: Indicative of diabetes
Ref: Diabetes Care 29:S43-S48, 2006
H 42

H 135

Criteria for the diagnosis of diabetes:

ea Nitrogen
eatinine
(calculation)
For African-Americans, multiply EGFR result x 1.2
IN/Creat Ratio H 70.3
odium
otassium
hloride
arbon Dioxide
alcium
rotein, Total
albumin
globulin
A/G Ratio H 225
Alkaline
Phosphatase H
AST (SGOT)
ALT (SGPT)
Bilirubin, Total L 0.2
Special Chemistry
GlycoHgb (A1c)
Hematology
White Blood Count L 2.95
Red Blood Count L 9.3
Hemoglobin L 28.2
Hematocrit
MCV

0.6
>60
141
4.7
101
31
9.8
6.5
3.3
3.2
1.0

9-23
0.6-1.1
>60

mg/dL
mg/dL

5.0-30.0
132-146
3.5-5.5
99-109
20-31
8.5-10.4
6.0-8.3
3.2-4.8
1.9-4.0
1.0-2.5
45-129

mEq/L
mEq/L
mEq/L
mEq/L
mg/dL
g/dL
g/dL
g/dL
Ratio
IU/L

13-40
10-49
0.3-1.2

IU/L
IU/L
mg/dL

4.0-6.0

%

4.0-11.0
3.80-5.40
11.1-14.7
34.0-45.0
78-102

x10³/uL
x10⁶/uL
g/dL
%
fL

96

COMPLETE REPORT

Patient Information

Page 2 of 2 Account Information 2519885-12136706

Karron, Marion
SSN: 118244899
Room: 130A

Shiel
medical laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R82346937	1300022701	10/30/2008 08:05 AM	10/30/08	10/31/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

MCH	H	31.7	27.0-31.0	pg
MCHC		33.2	31.0-37.0	%
Neutrophils%		66.4	40.0-70.0	%
Lymphocytes%		20.6	20.0-40.0	%
Monocytes%		6.0	2.0-10.0	%
Eosinophils%	H	5.9	1.0-4.0	%
Basophils%	H	1.1	0.0-1.0	%
Neutrophils, Abs		4.2	1.6-7.8	x10 ³ /uL
Lymphocytes, Abs		1.3	1.0-4.5	x10 ³ /uL
Monocytes, Abs		0.4	<1.0	x10 ³ /uL
Eosinophils, Abs		0.4	<0.7	x10 ³ /uL
Basophils, Abs.		0.1	<0.3	x10 ³ /uL
Platelets		202	150-450	x10 ³ /uL
RDW-CV		15.2	11.0-16.0	%
MPV		10.5	8.0-13.0	fL

Requisition Parameters

Fasting? -
No

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

COMPLETE REPORT

Patient Information

Karron, Marion
SSN: 118244899
Room: 130A

Shiel
medical laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account 2522981-121611

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8234475H	1020023701	11/02/2008 05:20 PM	11/02/08	11/03/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

**** This Report Contains Critical Values ****

Chemistry

Glucose (grey) 91 65-99 mg/dL

FASTING Fasting? No Criteria for the diagnosis of diabetes:

(Fasting Glucose)

< 100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

> 125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen H 52 9-23 mg/dL

Creatinine L 0.5 0.6-1.1 mg/dL

eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 104.8 5.0-30.0

Sodium 142 132-146 mEq/L

Potassium 5.4 3.5-5.5 mEq/L

Chloride 101 99-109 mEq/L

Carbon Dioxide VH 37 20-31 mEq/L

Calcium 10.0 8.5-10.4 mg/dL

Hematology

White Blood Count 5.7 4.0-11.0 $\times 10^3/uL$

Red Blood Count L 3.06 3.80-5.40 $\times 10^6/uL$

Hemoglobin L 9.7 11.1-14.7 g/dL

Hematocrit L 29.6 34.0-45.0 %

MCV 97 78-102 fL

MCH H 31.6 27.0-31.0 pg

M 32.7 31.0-37.0 %

Neutrophils% H 71.9 40.0-70.0 %

Lymphocytes% 20.0 20.0-40.0 %

Monocytes% 5.6 2.0-10.0 %

Eosinophils% 2.3 1.0-4.0 %

Basophils% 0.2 0.0-1.0 %

Neutrophils, Abs 4.1 1.6-7.8 $\times 10^3/uL$

Lymphocytes, Abs 1.1 1.0-4.5 $\times 10^3/uL$

Monocytes, Abs 0.3 <1.0 $\times 10^3/uL$

Eosinophils, 0.1 <0.7 $\times 10^3/uL$

***COMPLETE REPORT**

Patient Information

Karron, Marion
SSN: 118244899
Room: 130A

Shiel
medical Laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2 Account Information 2522981-12161121

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8234475H	1020023701	11/02/2008 05:20 PM	11/02/08	11/03/2008	F	78

PATIENT RESULTS

Test

Out of Range

Within Range

Reference Range

Units

**** This Report Contains Critical Values ****

Absolute				
Basophils, Abs.	0.0	<0.3		x10 ³ /uL
Platelets	180	150-450		x10 ³ /uL
RDW-CV	14.7	11.0-16.0		%
MPV	11.3	8.0-13.0		fL

Requisition Parameters

Fasting? -
No

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D.

DATE

The data will be monitored for further evaluation, see patient chart.

M.D.

DATE

COMPLETE REPORT

Report generated By Autolims on 11/03/2008 at 05:56 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2522981-12161121

SILVERLAKE-KARRON-000483



Shiel
medical laboratory

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account Information 2537243-122381

Patient Information

Karron, Marion
SSN: 118244899
Room: 130A

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8234635M	1090012201	11/09/2008 02:48 PM	11/09/08	11/09/2008	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Chemistry

Glucose (grey) H **165** 65-99 mg/dL

FASTING Fasting? No Criteria for the diagnosis of diabetes:

(Fasting Glucose)

<100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

>125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen H 51 9-23 mg/dL

Creatinine 0.6 0.6-1.1 mg/dL

eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 85.3 5.0-30.0

Sodium 142 132-146 mEq/L

Potassium 4.8 3.5-5.5 mEq/L

Chloride 102 99-109 mEq/L

Carbon Dioxide H 33 20-31 mEq/L

Calcium 10.3 8.5-10.4 mg/dL

Hematology

White Blood Count 7.5 *11/26/08* 4.0-11.0 x10³/uL

Red Blood Count L 2.88 3.80-5.40 x10⁶/uL

Hemoglobin L 9.3 *9.7* 11.1-14.7 g/dL

Hematocrit L 27.6 *25.6* 34.0-45.0 %

Platelets 185 150-450 x10³/uL

****Requisition Parameters****

Fasting? -
No

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____ *11/12/08*

****COMPLETE REPORT****

Patient Information

Karron, Marion
 SSN: 118244899
 Room: 130A



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of Account 2544694 - 122784

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

MCCARTHY

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R82049223	1120134002	11/12/2008 03:48 PM	11/12/08	11/12/2008	F	78

Test

Complete Results Originally Reported on 11/12/2008 06:56 PM
 Out of Range Within Range Reference Range Units

**** This Report Contains Critical Values ****

Chemistry

Glucose (grey) H 239 65-99 mg/dL
 FASTING Fasting? No Criteria for the diagnosis of diabetes:

(Fasting Glucose)
 <100 mg/dL: Normal fasting glucose
 100-125 mg/dL: Impaired fasting glucose
 >125 mg/dL: Indicative of diabetes
 Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen H 54 9-23 mg/dL
 Creatinine 0.7 0.6-1.1 mg/dL
 e } (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 77.5 5.0-30.0
 Sodium 141 132-146 mEq/L
 Potassium 5.2 3.5-5.5 mEq/L
 Chloride 100 99-109 mEq/L
 Carbon Dioxide VH 37 20-31 mEq/L
 Calcium 9.9 8.5-10.4 mg/dL

Hematology

White Blood Count 10.8 4.0-11.0 x10³/uL
 Red Blood Count L 3.29 3.80-5.40 x10⁶/uL
 Hemoglobin L 10.4 11.1-14.7 g/dL
 Hematocrit L 31.5 34.0-45.0 %
 Platelets 247 150-450 x10³/uL

Requisition Comments

Replied to: Silverlake NH - Stats at 11/12/08 06:25 PM

Reported to: Silverlake NH - Stats at 11/12/08 06:56 PM

Requisition Parameters

Fasting? -
 No

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

COMPLETE REPORT

130A

1Bv

Patient Information

Karron, Marion
SSN: 118244899Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account 2552263-123179

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8234680G	1160010502	11/16/2008	11/16/08	11/16/2008	M	78

PATIENT RESULTS

Test	Out of Range	Within Range	Reference Range	Units
------	--------------	--------------	-----------------	-------

Chemistry

Iron	70	50-175	ug/dL
Iron Binding Capacity	310	250-450	ug/dL
Iron Saturation (%)	23	20-55	%
Ferritin	48	22-322	ng/mL
Transferrin	264.2	215.0-380.0	mg/dL
Vitamin B12	501	211-911	pg/mL
Folate	22.2	>5.4	ng/mL

Reference Range:

Deficient <3.4 ng/mL

Indeterminate: 3.4 -5.4 ng/mL

Normal >5.4 ng/mL

Hematology

White Blood Count	H	11.0	4.0-11.0	x10 ³ /uL
Red Blood Count	L	3.26	4.20-6.00	x10 ⁶ /uL
Hemoglobin	L	10.3	12.5-16.1	g/dL
Hematocrit	L	31.9	38.0-52.0	%
MCV		98	78-102	fL
MCH	H	31.5	27.0-31.0	pg
MCHC		32.2	31.0-37.0	%
Neutrophils%	H	83.2	40.0-70.0	%
Lymphocytes%	L	10.3	20.0-40.0	%
Monocytes%		3.5	2.0-10.0	%
Eosinophils%		2.8	1.0-4.0	%
Basophils%		0.2	0.0-1.0	%
Neutrophils, Abs	H	9.2	1.6-7.8	x10 ³ /uL
Lymphocytes, Abs		1.1	1.0-4.5	x10 ³ /uL
Monocytes, Abs		0.4	<1.0	x10 ³ /uL
Eosinophils, Absolute		0.3	<0.7	x10 ³ /uL
Basophils, Abs.		0.0	<0.3	x10 ³ /uL
Platelets		298	150-450	x10 ³ /uL

COMPLETE REPORT

11/19/08

SILVERLAKE-KARRON-000486

1301A

Patient Information

Karron, Marion
SN: 118244899



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

1B2 ✓
Page 2 of 2 Acc 2552263 at 12317923

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8234680G	1160010502	11/16/2008	11/16/08	11/16/2008	M	78

PATIENT RESULTS

Test	Out of Range	Within Range	Reference Range	Units
RDW-CV		14.4	11.0-16.0	%
MPV		10.5	8.0-13.0	fL
Reticulocytes		1.4	0.5-2.5	%

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____
These data will be monitored for further evaluation, see patient chart.
M.D. _____ DATE _____

****COMPLETE REPORT****

Repo perated By Autolims on 11/16/2008 at 08:50 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2552263-12317923

SILVERLAKE-KARRON-000487

Patient Information

Karron, Marion
N: 118244899



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account Information 2566736-123967

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8234329V	1230011301	11/23/2008	11/23/08	11/23/2008	M	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Hematology

White Blood Count			<i>11/24</i> 10.0	4.0-11.0	x10 ³ /uL
Red Blood Count	L	3.21		4.20-6.00	x10 ⁶ /uL
Hemoglobin	L	10.1	<i>10.3</i>	12.5-16.1	g/dL
Hematocrit	L	31.1	<i>31.9</i>	38.0-52.0	%
MCV			97	78-102	fL
MCH	H	31.6		27.0-31.0	pg
MCHC			32.6	31.0-37.0	%
Neutrophils%	H	84.8		40.0-70.0	%
Lymphocytes%	L	8.8		20.0-40.0	%
Monocytes%			3.0	2.0-10.0	%
Eosinophils%			2.7	1.0-4.0	%
Basophils%			0.6	0.0-1.0	%
Neutrophils, Abs	H	8.5		1.6-7.8	x10 ³ /uL
Lymphocytes, Abs	L	0.9		1.0-4.5	x10 ³ /uL
Monocytes, Abs			0.3	<1.0	x10 ³ /uL
Eosinophils, Abs			0.3	<0.7	x10 ³ /uL
Basophils, Abs.			0.1	<0.3	x10 ³ /uL
Platelets			239	150-450	x10 ³ /uL
RDW-CV			14.4	11.0-16.0	%
MPV			10.9	8.0-13.0	fL

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

Q 11/24

****COMPLETE REPORT****

Patient Information

Karron, Marion
 SN: 118244899
 Room: 132A



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account Information 2570116-124046

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R82052925	1240049901	11/24/2008 09:25 AM	11/24/08	11/24/2008	M	78

PATIENT RESULTS

Test	Out of Range	Within Range	Reference Range	Units
<i>11/22/08</i>				
Endocrinology				
Thyroxine (T4)		8.7	4.5-10.9	ug/dL
T3-Uptake	H 40.0	<i>72</i> <i>W</i>	22.5-37.0	%
FTI (T7)		3.5	1.5-3.9	ng/dL
TSH 3rd Generation		3.66 <i>← 11.1</i>	0.35-5.50	uIU/mL

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

[Signature]
11/26/08

****COMPLETE REPORT****

Patient Information

Karron, Marion
 SSN: 118244899
 Room: 130A

shiel
 medical laboratory
 Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account Information 2571361-124173

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R82051929	1250024301	11/25/2008 09:02 AM	11/25/08	11/25/2008	M	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Hematology

White Blood Count		7.8	4.0-11.0	x10 ³ /uL
Red Blood Count	L	3.04	4.20-6.00	x10 ⁶ /uL
Hemoglobin	L	9.6	12.5-16.1	g/dL
Hematocrit	L	29.6	38.0-52.0	%
MCV		97	78-102	fL
MCH	H	31.7	27.0-31.0	pg
MCHC		32.6	31.0-37.0	%
Neutrophils%		67.2	40.0-70.0	%
Lymphocytes%		21.3	20.0-40.0	%
Monocytes%		6.9	2.0-10.0	%
Eosinophils%	H	4.4	1.0-4.0	%
Basophils%		0.2	0.0-1.0	%
Neutrophils, Abs		5.3	1.6-7.8	x10 ³ /uL
Lymphocytes, Abs		1.7	1.0-4.5	x10 ³ /uL
Monocytes, Abs		0.5	<1.0	x10 ³ /uL
Eosinophils, Abs		0.3	<0.7	x10 ³ /uL
Basophils, Abs.		0.0	<0.3	x10 ³ /uL
Platelets		214	150-450	x10 ³ /uL
RDW-CV		14.3	11.0-16.0	%
MPV		9.3	8.0-13.0	fL

Handwritten notes: 11/23/08, 10.1, 31.1, and an arrow pointing to the Hemoglobin value.

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____
 () data will be monitored for further evaluation, see patient chart.
 M.D. _____ DATE _____

****COMPLETE REPORT****

Patient Information

Karron, Marion
118244899
Room: 130A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account 2578965-124519

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8205255B	1290005001	11/29/2008 09:04 AM	11/29/08	11/29/2008	M	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Hematology

White Blood Count		8.7	4.0-11.0	$\times 10^3/uL$
Red Blood Count	L	3.03	4.20-6.00	$\times 10^6/uL$
Hemoglobin	L	9.7	12.5-16.1	g/dL
Hematocrit	L	30.1	38.0-52.0	%
MCV		99	78-102	fL
MCH	H	32.0	27.0-31.0	pg
MCHC		32.3	31.0-37.0	%
Neutrophils%	H	78.9	40.0-70.0	%
Lymphocytes%	L	11.3	20.0-40.0	%
Monocytes%		5.7	2.0-10.0	%
Eosinophils%		3.5	1.0-4.0	%
Basophils%		0.6	0.0-1.0	%
Neutrophils, Abs		6.8	1.6-7.8	$\times 10^3/uL$
Lymphocytes, Abs		1.0	1.0-4.5	$\times 10^3/uL$
Monocytes, Abs		0.5	<1.0	$\times 10^3/uL$
Eosinophils, Abs		0.3	<0.7	$\times 10^3/uL$
Basophils, Abs.		0.1	<0.3	$\times 10^3/uL$
Platelets		175	150-450	$\times 10^3/uL$
RDW-CV		14.1	11.0-16.0	%
MPV		11.5	8.0-13.0	fL

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

Rp/ky

****COMPLETE REPORT****

Patient Information

Karron, Marion
N: 118244899



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account 2598777-125509

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R82052496	1090021501	12/09/2008 08:10 AM	12/09/08	12/09/2008	M	78

Test

PATIENT RESULTS
Complete Results Originally Reported on 12/09/2008 12:59 PM
Out of Range Within Range Reference Range Units

Chemistry

Iron	L	40	50-175	ug/dL
Iron Binding Capacity		349	250-450	ug/dL
Iron Saturation (%)	L	11	20-55	%
Ferritin		44	22-322	ng/mL
Transferrin		275.7	215.0-380.0	mg/dL

Hematology

White Blood Count		6.6	4.0-11.0	x10 ³ /uL
Red Blood Count	L	3.34	4.20-6.00	x10 ⁶ /uL
Hemoglobin	L	10.4	12.5-16.1	g/dL
Hematocrit	L	32.4	38.0-52.0	%
MCV		97	78-102	fL
MCH	H	31.1	27.0-31.0	pg
MCHC		32.0	31.0-37.0	%
Neutrophils%		69.9	40.0-70.0	%
Lymphocytes%	L	18.9	20.0-40.0	%
Monocytes%		7.0	2.0-10.0	%
Eosinophils%		4.0	1.0-4.0	%
Basophils%		0.1	0.0-1.0	%
Neutrophils, Abs		4.6	1.6-7.8	x10 ³ /uL
Lymphocytes, Abs		1.3	1.0-4.5	x10 ³ /uL
Monocytes, Abs		0.5	<1.0	x10 ³ /uL
Eosinophils, Abs		0.3	<0.7	x10 ³ /uL
Absolute Basophils, Abs.		0.0	<0.3	x10 ³ /uL
Platelets		223	150-450	x10 ³ /uL
RDW-CV		14.1	11.0-16.0	%
MPV		10.9	8.0-13.0	fL
Reticulocytes		1.0	0.5-2.5	%

COMPLETE REPORT

Report Generated By Autolims on 12/09/2008 at 01:54 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim
2598777-12550989

SILVERLAKE-KARRON-000492

Patient Information

Karron, Marion
 L Code: 746963
 dm:130A



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account 2626853-126971

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8205250M	1230031901	12/23/2008 08:55 AM	12/23/08	12/23/2008	F	

Test

PATIENT RESULTS
 Complete Results Originally Reported on 12/23/2008 12:58 PM
 Out of Range Within Range Reference Range Units

Endocrinology

Thyroxine (T4)		8.6	4.5-10.9	ug/dL
T3-Uptake	H 38.1		22.5-37.0	%
TSH 3rd Generation		1.47	0.35-5.50	uIU/mL
T3, Total		77	60-181	ng/dL
T4, Free		1.5	0.8-1.8	ng/dL

Note: Reference range update as 10/07/08

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M. _____ DATE _____

[Signature]
 2/24/09

****COMPLETE REPORT****

Patient Information

Karron, Marion
 Code: 746963
 Room: 130A



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account 2663169-128242

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R83788433F	1060059502	01/06/2009 08:15 AM	01/06/2009	01/12/2009	F	

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Hematology

White Blood Count	H	12.6		4.0-11.0	x10 ³ /uL
Red Blood Count			3.92	3.80-5.40	x10 ⁶ /uL
Hemoglobin			12.5	11.1-14.7	g/dL
Hematocrit			40.0	34.0-45.0	%
MCV			102	78-102	fL
MCH	H	32.0		27.0-31.0	pg
MCHC			31.3	31.0-37.0	%
Neutrophils%	H	80.8		40.0-70.0	%
Lymphocytes%	L	12.6		20.0-40.0	%
Monocytes%			5.5	2.0-10.0	%
Eosinophils%	L	0.7		1.0-4.0	%
Basophils%			0.3	0.0-1.0	%
Neutrophils, Abs	H	10.2		1.6-7.8	x10 ³ /uL
Lymphocytes, Abs			1.6	1.0-4.5	x10 ³ /uL
Monocytes, Abs			0.7	<1.0	x10 ³ /uL
Eosinophils, Abs			0.1	<0.7	x10 ³ /uL
Basophils, Abs.			0.0	<0.3	x10 ³ /uL
Platelets			340	150-450	x10 ³ /uL
RDW-CV			12.6	11.0-16.0	%
MPV			10.6	8.0-13.0	fL

[Signature]
 1/14/09
 COMPLETE REPORT



shiel
medical laboratory

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2 2663169-12824203

Patient Information

Karron, Marion
Code: 746963
Room: 130A

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R83788433F	1060059502	01/06/2009 08:15 AM	01/06/2009	01/12/2009	F	

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Blood Culture

Anaerobic bottle test - No growth after 5 days

Aerobic bottle test - No growth after 5 days

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

[Signature]
1/14/09

****COMPLETE REPORT****

Report generated By Autolims on 01/12/2009 at 02:26 PM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims
2663169-12824203

SILVERLAKE-KARRON-000495

Patient Information

Karron, Marian
SML Code: 751763
Room: 148A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2 Accession Number 2655155-12833335

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R83788976	1060133801	01/06/2009	01/06/2009	01/08/2009	F	

PATIENT RESULTS

Test	Out of Range	Within Range	Reference Range	Units
------	--------------	--------------	-----------------	-------

Urine Culture

* * * Culture Results * * *

NOGROWTH

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D.	DATE
TL	data will be monitored for further evaluation, see patient chart.
M.D.	DATE

COMPLETE REPORT

Rep: Generated By Autolims on 01/08/2009 at 02:59 PM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims
2655155-12833335

SILVERLAKE-KARRON-000496

Patient Information

Karren, Marian
SML Code: 751763
om:148A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account Information 17306-12827462

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R83788976	1060133801	01/06/2009	01/06/2009	01/07/2009	F	

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

U. Analysis

Color, Urine	Yellow	Yellow-Straw	
Appearance, Urine	Clear	Clear	
pH, Urine	6.5	5.0-8.0	
Specific Gravity	1.019	1.005-1.030	R.I.
Bilirubin, Urine	NEGATIVE	NEGATIVE	
Blood, Urine	NEGATIVE	NEGATIVE	
Leuk. Esterase, U	NEGATIVE	NEGATIVE	
Nitrites, Urine	NEGATIVE	NEGATIVE	
Glucose, Urine	NEGATIVE	NEGATIVE	mg/dL
Ketones, Urine	NEGATIVE	NEGATIVE	mg/dL
Protein, Urine	NEGATIVE	NEGATIVE	mg/dL
Urobilinogen, U	0.2	0.0-1.0	mg/dL

U. Microscopic

RBC, Urine	0-5	<5	/HPF
WBC, Urine	None seen	<5	/HPF
Bacteria, Urine	None seen	None seen	/HPF
Epithelial Cells	None seen	None seen	/HPF
Crystals	None seen	None seen	/HPF
Yeast	None seen	None seen	/HPF

[Signature]

****INCOMPLETE REPORT****

Patient Information

Karron, Marian
SML Code: 751763
Room: 148A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account # 2655155-128333

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R83788976	1060133801	01/06/2009	01/06/2009	01/08/2009	F	

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Urinalysis

Color, Urine	Yellow	Yellow-Straw	
Appearance, Urine	Clear	Clear	
pH, Urine	6.5	5.0-8.0	
Specific Gravity	1.019	1.005-1.030	R.I.
Bilirubin, Urine	NEGATIVE	NEGATIVE	
Blood, Urine	NEGATIVE	NEGATIVE	
Leuk. Esterase, U	NEGATIVE	NEGATIVE	
Nitrites, Urine	NEGATIVE	NEGATIVE	
Glucose, Urine	NEGATIVE	NEGATIVE	mg/dL
Ketones, Urine	NEGATIVE	NEGATIVE	mg/dL
Protein, Urine	NEGATIVE	NEGATIVE	mg/dL
Urobilinogen, U	0.2	0.0-1.0	mg/dL

Urine Microscopic

RBC, Urine	0-5	<5	/HPF
WBC, Urine	None seen	<5	/HPF
Bacteria, Urine	None seen	None seen	/HPF
Epithelial Cells	None seen	None seen	/HPF
Crystals	None seen	None seen	/HPF
Yeast	None seen	None seen	/HPF

****COMPLETE REPORT****

Report Generated By Autolims on 01/08/2009 at 02:59 PM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims
2655155-1283335

SILVERLAKE-KARRON-000498

Patient Information

Karron, Marion
 L Code: 746963
 Room: 130A

Shiel
 medical laboratory
 Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account Information 2664978-128921

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8376434	1120211201	01/12/2009 04:25 PM	01/12/2009	01/13/2009	F	

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Chemistry

Glucose H 173 65-99 mg/dL

Criteria for the diagnosis of diabetes:
 (Fasting Glucose)

<100 mg/dL: Normal fasting glucose
 100-125 mg/dL: Impaired fasting glucose
 >125 mg/dL: Indicative of diabetes
 Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen H 68 9-23 mg/dL

Creatinine 0.6 0.6-1.1 mg/dL

BUN/Creat Ratio H 112.6 5.0-30.0

Sodium H 149 132-146 mEq/L

Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history

Potassium 5.1 3.5-5.5 mEq/L

Chloride 109 99-109 mEq/L

Carbon Dioxide H 35 20-31 mEq/L

Calcium 9.6 8.5-10.4 mg/dL

Protein, Total 6.6 6.0-8.3 g/dL

Albumin 3.6 3.2-4.8 g/dL

Globulin 3.0 1.9-4.0 g/dL

A/G Ratio 1.2 1.0-2.5 Ratio

Alkaline Phosphatase H 139 45-129 IU/L

AST (SGOT) 34 13-40 IU/L

ALT (SGPT) H 50 10-49 IU/L

Bilirubin, Total L 0.2 0.3-1.2 mg/dL

Hematology

White Blood Count H 12.8 4.0-11.0 x10³/uL

Red Blood Count L 3.33 3.80-5.40 x10⁶/uL

Hemoglobin L 10.6 11.1-14.7 g/dL

Hematocrit L 33.6 34.0-45.0 %

Platelets 222 150-450 x10³/uL

****INCOMPLETE REPORT****

Report generated By Autolims on 01/13/2009 at 05:09 AM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims
 2664978-12892154

SILVERLAKE-KARRON-000499



Patient Information

Karron, Marion
SML Code: 746963
Room: 130A

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8376434	1120211201	01/12/2009 04:25 PM	01/12/2009	01/18/2009	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Chemistry

Glucose H 173 65-99 mg/dL

Criteria for the diagnosis of diabetes:
(Fasting Glucose)

<100 mg/dL: Normal fasting glucose
100-125 mg/dL: Impaired fasting glucose
>125 mg/dL: Indicative of diabetes
Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen H 68 9-23 mg/dL

Creatinine 0.6 0.6-1.1 mg/dL

BUN/Creat Ratio H 112.6 5.0-30.0

Sodium H 149 132-146 mEq/L

Sodium levels may be elevated due to a variety of preanalytical factors. Diagnosis in light of clinical observations, other tests and patient history

Potassium 5.1 3.5-5.5 mEq/L

Chloride 109 99-109 mEq/L

Carbon Dioxide H 35 20-31 mEq/L

Calcium 9.6 8.5-10.4 mg/dL

Protein, Total 6.6 6.0-8.3 g/dL

Albumin 3.6 3.2-4.8 g/dL

Globulin 3.0 1.9-4.0 g/dL

A/G Ratio 1.2 1.0-2.5 Ratio

Alkaline H 139 45-129 IU/L

Phosphatase H

AST (SGOT) 34 13-40 IU/L

ALT (SGPT) H 50 10-49 IU/L

Bilirubin, Total L 0.2 0.3-1.2 mg/dL

Hematology

White Blood Count H 12.8 $4.0-11.0 \times 10^3/uL$

Red Blood Count L 3.33 $3.80-5.40 \times 10^6/uL$

Hemoglobin L 10.6 11.1-14.7 g/dL

Hematocrit L 33.6 34.0-45.0 %

Platelets 222 $150-450 \times 10^3/uL$

****COMPLETE REPORT****

R. 1/18/09

Patient Information

Karron, Marion
L Code: 746963
Room: 130A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2 2677733-12956089

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8376434	1120211201	01/12/2009 04:25 PM	01/12/2009	01/18/2009	F	78
PATIENT		RESULTS				

Test

Out of Range

Within Range

Reference Range

Units

Blood Culture

Anaerobic bottle test - No growth after 5 days

Aerobic bottle test - No growth after 5 days

Requisition Comments

Accessioning: Non Fasting

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

Th data will be monitored for further evaluation, see patient chart.

M. _____ DATE _____

1/19/09

COMPLETE REPORT

Report Generated By Autolims on 01/18/2009 at 01:35 PM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims
2677733-12956089

SILVERLAKE-KARRON-000501

Patient Information

Karron, Marion
 L.L. Code: 746963
 Room: 130A



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account Number 2672215-12917002

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. MCCARTHY

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R83786450	1130139301	01/13/2009	01/13/2009	01/15/2009	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Urinalysis

Color, Urine	Yellow	Yellow-Straw	
Appearance, Urine	Clear	Clear	
pH, Urine	6.0	5.0-8.0	
Specific Gravity	1.026	1.005-1.030	R.I.
Bilirubin, Urine	NEGATIVE	NEGATIVE	
Blood, Urine	NEGATIVE	NEGATIVE	
Leuk. Esterase, U	NEGATIVE	NEGATIVE	
Nitrites, Urine	NEGATIVE	NEGATIVE	
Glucose, Urine	NEGATIVE	NEGATIVE	mg/dL
Ketones, Urine	NEGATIVE	NEGATIVE	mg/dL
P rotein, Urine	H 30	NEGATIVE	mg/dL
U. bilinogen, U	0.2	0.0-1.0	mg/dL

Urine Microscopic

RBC, Urine	0-5	<5	/HPF
WBC, Urine	None seen	<5	/HPF
Bacteria, Urine	None seen	None seen	/HPF
Epithelial Cells	None seen	None seen	/HPF
Crystals	None seen	None seen	/HPF
Yeast	None seen	None seen	/HPF

[Signature]
 1/16/09

****COMPLETE REPORT****



Shiel
Medical Laboratory

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2

2672215-12917002

Patient Information

Karron, Marion
LCL Code: 746963
Room: 130A

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. MCCARTHY

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R83786450	1130139301	01/13/2009	01/13/2009	01/15/2009	F	78

PATIENT RESULTS

Test

Out of Range

Within Range

Reference Range

Units

Urine Culture - Regular Urine

No Growth

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D.

DATE

These data will be monitored for further evaluation, see patient chart.

M.

DATE

[Signature]
1/16/09

****COMPLETE REPORT****

Rep: Generated By Autolims on 01/15/2009 at 03:11 PM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims
2672215-12917002

Distribution Information

Silverlake NH - Stats
275 Castleton Avenue
Staten Island, NY 10301

SILVERLAKE-KARRON-000503



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account 2679183-12961243

Patient Information

Karron, Marion
N: 118244899
Room: 130A

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. MCCARTHY

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8378578N	1190035401	01/19/2009 08:20 AM	01/19/2009	01/19/2009	M	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

**** This Report Contains Critical Values ****

Chemistry

Glucose (grey) H 156 65-99 mg/dL
Fasting? No

Criteria for the diagnosis of diabetes:

(Fasting Glucose)

<100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

>125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen VH 71 9-23 mg/dL
Confirmed

Creatinine L 0.5 0.7-1.3 mg/dL

eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 141.2 5.0-30.0

Sodium 146 132-146 mEq/L

Potassium 5.0 3.5-5.5 mEq/L

Chloride 103 99-109 mEq/L

Carbon Dioxide VH 38 20-31 mEq/L

Confirmed

Calcium 10.0 8.5-10.4 mg/dL

Requisition Comments

Accessioning: Non Fasting

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. DATE

These data will be monitored for further evaluation, see patient chart.

M.D. DATE

R1/19/09
COMPLETE REPORT



Patient Information

Karron, Marion
Lab Code: 746963
Room: 130A

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8378606A	1160033701	01/16/2009 08:10 AM	01/16/2009	01/16/2009	F	78

Complete Results Originally Reported on 01/16/2009 01:09 PM

Test Out of Range Within Range Reference Range Units

**** This Report Contains Critical Values ****

Chemistry

Glucose (grey) H 133 65-99 mg/dL
Fasting? Not Provided

Criteria for the diagnosis of diabetes:

(Fasting Glucose)

<100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

>125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen VH 71 9-23 mg/dL
Confirmed

Creatinine 0.6 0.6-1.1 mg/dL
eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 117.5 5.0-30.0
Sodium 144 132-146 mEq/L
Potassium 5.2 3.5-5.5 mEq/L
Chloride 105 99-109 mEq/L
Carbon Dioxide VH 39 20-31 mEq/L
Confirmed

Calcium 9.9 8.5-10.4 mg/dL

Protein, Total 6.0 6.0-8.3 g/dL

Albumin 3.3 3.2-4.8 g/dL

Globulin 2.7 1.9-4.0 g/dL

A/G Ratio 1.2 1.0-2.5 Ratio

Alkaline Phosphatase 125 45-129 IU/L

AST (SGOT) 31 13-40 IU/L

ALT (SGPT) 46 10-49 IU/L

Bilirubin, Total L 0.2 0.3-1.2 mg/dL

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

COMPLETE REPORT

Patient Information

Karron, Marion
SML Code: 746963
Room: 130A

Shiel
medical laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2

2684942-12989376

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8317075P	1210022001	01/21/2009 08:08 AM	01/21/2009	01/21/2009	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

**** This Report Contains Critical Values ****

Absolute			
B: phils, Abs.	0.0	<0.3	x10 ³ /uL
Platelets	232	150-450	x10 ³ /uL
RDW-CV	14.0	11.0-16.0	%
MPV	10.6	8.0-13.0	fL

Requisition Comments

Accessioning:REQ

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M. D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M. D. _____ DATE _____

COMPLETE REPORT

Report Generated By Autolims on 01/21/2009 at 03:03 PM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims
2684942-12989376

Distribution Information

Silverlake NH - Stats
275 Castleton Avenue
Staten Island, NY 10301

SILVERLAKE-KARRON-000506

17BV



Patient Information
Karron, Marion
SML Code: 746963
Room: 130A

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Medical Director
Patricia R. Romano, M.D.
Patricia R. Romano, M.D.

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8317075P	1210022001	01/21/2009 08:08 AM	01/21/2009	01/21/2009	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

**** This Report Contains Critical Values ****

Chemistry

Glucose (grey) H 172 65-99 mg/dL
Fasting? Yes
Criteria for the diagnosis of diabetes:
(Fasting Glucose)
<100 mg/dL: Normal fasting glucose
100-125 mg/dL: Impaired fasting glucose
>125 mg/dL: Indicative of diabetes
Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen H 69 9-23 mg/dL
Creatinine L 0.5 0.6-1.1 mg/dL
eGFR (calculation) >60 >60
For African-Americans, multiply EGFR result x 1.2
BUN/Creat Ratio H 143.4 5.0-30.0
Sodium 145 132-146 mEq/L
Potassium 5.0 3.5-5.5 mEq/L
Chloride 102 99-109 mEq/L
Carbon Dioxide VH 38 20-31 mEq/L
Calcium 10.2 8.5-10.4 mg/dL

Hematology

White Blood Count 7.5 4.0-11.0 x10³/uL
Red Blood Count L 3.18 3.80-5.40 x10⁶/uL
Hemoglobin L 10.0 11.1-14.7 g/dL
Hematocrit L 32.5 34.0-45.0 %
MCV H 102 78-102 fL
MCH H 31.4 27.0-31.0 pg
MCHC L 30.7 31.0-37.0 %
Neutrophils% H 74.2 40.0-70.0 %
Lymphocytes% L 18.2 20.0-40.0 %
Monocytes% 5.2 2.0-10.0 %
Eosinophils% 1.9 1.0-4.0 %
Basophils% 0.5 0.0-1.0 %
Neutrophils, Abs 5.6 1.6-7.8 x10³/uL
Lymphocytes, Abs 1.4 1.0-4.5 x10³/uL
Monocytes, Abs 0.4 <1.0 x10³/uL
Eosinophils, 0.1 <0.7 x10³/uL

COMPLETE REPORT



Patient Information

Karron, Marion
 SML Code: 766233
 Room: 240A

Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8445232J	1310013901	01/24/2009 09:10 AM	01/31/2009	01/31/2009	U	

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units
 **** This Report Contains Critical Values ****

Chemistry

Glucose (grey) H 181 65-99 mg/dL
 Fasting? Yes

Criteria for the diagnosis of diabetes:

(Fasting Glucose)

< 100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

> 125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen VH 101 9-23 mg/dL

Creatinine 0.7 0.6-1.3 mg/dL

BUN/Creat Ratio H 143.5 5.0-30.0

Sodium H 154 132-146 mEq/L

Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history

Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history

Potassium 5.0 3.5-5.5 mEq/L

Chloride H 112 99-109 mEq/L

Carbon Dioxide VH 38 20-31 mEq/L

Calcium 9.4 8.5-10.4 mg/dL

Protein, Total 6.8 6.0-8.3 g/dL

Albumin 3.6 3.2-4.8 g/dL

Globulin 3.3 1.9-4.0 g/dL

A/G Ratio 1.1 1.0-2.5 Ratio

Alkaline H 165 45-129 IU/L

Phosphatase H

AST (SGOT) 32 13-40 IU/L

ALT (SGPT) H 56 10-49 IU/L

Bilirubin, Total L 0.2 0.3-1.2 mg/dL

Requisition Comments

Accessioning: Non Fasting

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

****COMPLETE REPORT****



shiel
medical laboratory

Page 2 of 2

2702223-13042823

Patient Information

Karron, Marion
Stat Code: 746963
Room: 130A

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7544409B	1260198101	01/25/2009	01/26/2009	01/29/2009	F	78

PATIENT RESULTS

Test

Out of Range

Within Range

Reference Range

Units

Ticarcillin/
Meropenem (C
Amikacin
Cefepime
Piperacillin

S <=16
S <=4
S <=16
S <=16
S <=16

Legend:

SIR = Susceptible Intermediate Resistant

The data are acceptable for the patient's clinical condition. No further follow up necessary at this time.
M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

****COMPLETE REPORT****

Report generated By Autolims on 01/29/2009 at 11:12 AM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims
2702223-13042823

SILVERLAKE-KARRON-000509

Patient Information

Karron, Marion
 SSN Code: 746963
 Room: 130A



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account Information 2702223-13042823

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7544409B	1260198101	01/25/2009	01/26/2009	01/29/2009	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Wound Culture

*** * * Culture Results * * ***
 Methicillin Resistant Staphylococci aureus
 Moderate

Morganella morganii
 Many

Tetracycline	S	<=4		
Penicillin	R			
Trimeth/Sulf	R	>2/38		
Erythromycin	S	<=0.5		
Amrillin	R			
Clindamycin	S	<=0.5		
Rifampin/Rif	S	<=1		
Oxacillin	R	>2		
Cefazolin	R	<=8		
Amoxicillin/	R	<=4/2		
Ciprofloxacin	R	>2		
Ofloxacin	R	>4		
Ampicillin/s	R	<=8/4		
Levofloxacin	R	>4		
Vancomycin	S	<=2		
Cefepime	R	16		
Imipenem	R	<=4		
Ceftriaxone	R	<=8		
Cephalothin	R	<=8		
Azithromycin	S	<=2		
Chlorampheni	S	<=8		
Cefotaxime	R	<=8		
Gatifloxacin	I	4		
Linezolid	S	<=2		
Moxifloxacin	S	<=2		
Syncid	S	<=1		
Tobramycin				
Ceftazidime				
Cefuroxime				
Cefoxitin				
Aztreonam				

****COMPLETE REPORT****

Patient Information

Karron, Marion
 SSN: 118244899
 Room: 130A

shiel
 medical laboratory
 Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account Number 2698003-13052598

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. MCCARTHY

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8317138S	1270054901	01/27/2009 08:35 AM	01/27/2009	01/27/2009	M	78

Complete Results Originally Reported on 01/27/2009 01:34 PM

Test Out of Range Within Range Reference Range Units

**** This Report Contains Critical Values ****

Chemistry

Glucose (grey) H 173 65-99 mg/dL
 Fasting? No

Criteria for the diagnosis of diabetes:

(Fasting Glucose)

< 100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

> 125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen VH 126 9-23 mg/dL
 Creatinine L 0.6 0.7-1.3 mg/dL

eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 209.9 5.0-30.0

Sodium H 147 132-146 mEq/L

Potassium H 5.8 3.5-5.5 mEq/L

Chloride 106 99-109 mEq/L

Carbon Dioxide VH 38 20-31 mEq/L

Calcium 9.6 8.5-10.4 mg/dL

Protein, Total 6.0 6.0-8.3 g/dL

Albumin 3.2 3.2-4.8 g/dL

Globulin 2.8 1.9-4.0 g/dL

Ratio 1.1 1.0-2.5 Ratio

Alkaline H 177 45-129 IU/L

P Phosphatase H 53 IU/L

AST (SGOT) H 99 10-49 IU/L

ALT (SGPT) H 99 10-49 IU/L

Bilirubin, Total L 0.2 0.3-1.2 mg/dL

Hematology

White Blood Count 9.6 4.0-11.0 x10³/uL

Red Blood Count VL 2.93 4.20-6.00 x10⁶/uL

Hemoglobin L 9.0 12.5-16.1 g/dL

Hematocrit L 29.9 38.0-52.0 %

Platelets 240 150-450 x10³/uL

COMPLETE REPORT

Ref. Generated By Autolims on 01/27/2009 at 02:40 PM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims
 2698003-13052598

SILVERLAKE-KARRON-000511



Patient Information

Karron, Marion
SSN: 118244899
Room: ~~130A~~

248

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8445187X	1300055201	01/30/2009 08:10 AM	01/30/2009	01/30/2009	M	78
		PATIENT	RESULTS			

Test Out of Range Within Range Reference Range Units
**** This Report Contains Critical Values ****

Chemistry

Glucose (grey) H 205 65-99 mg/dL
Fasting? No

Criteria for the diagnosis of diabetes:

(Fasting Glucose)

<100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

>125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen VH 96 126 9-23 mg/dL
Confirmed

Creatinine L 0.6 0.7-1.3 mg/dL
eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 159.8 5.0-30.0
Sodium H 151 132-146 mEq/L

Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history

Potassium H 5.8 3.5-5.5 mEq/L
Chloride H 111 99-109 mEq/L
Carbon Dioxide VH 38 20-31 mEq/L
Confirmed

Calcium 9.3 8.5-10.4 mg/dL
Protein, Total 6.1 6.0-8.3 g/dL
Albumin 3.2 3.2-4.8 g/dL
Globulin 3.0 1.9-4.0 g/dL
A/G Ratio 1.1 1.0-2.5 Ratio

Alkaline H 165 45-129 IU/L

Phosphatase H

AST (SGOT) 32 13-40 IU/L

ALT (SGPT) H 58 10-49 IU/L

Bilirubin, Total L 0.2 0.3-1.2 mg/dL

Special Chemistry

GlycoHgb (A1c) H 6.2 4.0-6.0 %
Estimated Average Glucose 131.2 mg/dL

COMPLETE REPORT

Patient Information

Karron, Marion
 JML Code: 766233
 Room: 240A



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account Number 2709090-13110839

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8378810B	1010013801	02/01/2009 02:00 PM	02/01/2009	02/02/2009	U	

Complete Results Originally Reported on 02/01/2009 11:12 PM

Test Out of Range Within Range Reference Range Units

**** This Report Contains Critical Values ****

Chemistry

Glucose (grey) H 197 65-99 mg/dL
 Fasting? No

Criteria for the diagnosis of diabetes:

(Fasting Glucose)

< 100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

> 125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen VH 105 9-23 mg/dL

Creatinine 0.7 0.6-1.3 mg/dL

BUN (calculation) >60 >60

N/Creat Ratio H 150.6 5.0-30.0

Sodium H 153 132-146 mEq/L

Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history

Potassium 4.6 3.5-5.5 mEq/L

Chloride H 111 99-109 mEq/L

Carbon Dioxide VH 36 20-31 mEq/L

Calcium 8.7 8.5-10.4 mg/dL

Endocrinology

TSH 3rd Generation 0.53 0.35-5.50 uIU/mL

Hematology

White Blood Count H 18.5 4.0-11.0 x10³/uL

Red Blood Count L 3.04 3.80-6.00 x10⁶/uL

Hemoglobin L 9.2 11.1-16.1 g/dL

Hematocrit L 31.6 34.0-52.0 %

MCV H 104 78-102 fL

MCH 30.4 27.0-31.0 pg

MCHC L 29.2 31.0-37.0 %

Platelets 223 150-450 x10³/uL

RDW-CV 14.0 11.0-16.0 %

MPV 9.9 8.0-13.0 fL

ESR-Westergren 10 0-30 mm/hr

Manual Differential

Neutrophils%-DIF H 91 40-70 %

COMPLETE REPORT

Patient Information

Karron, Marion
SML Code: 766233
Room: 240A

Shiel
medical laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2

2709090-13110839

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8378810B	1010013801	02/01/2009 02:00 PM	02/01/2009	02/02/2009	U	

Complete Results Originally Reported on 02/01/2009 11:12 PM

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

**** This Report Contains Critical Values ****

Neutrophils abs	H	16.8		1.6-7.8	x10 ³ /uL
Lymphocytes%-DIF	L	6		20-40	%
Lymphs abs-DIF			1.1	1.0-4.5	x10 ³ /uL
Monocytes%-DIF			3	2-10	%
Monocytes abs-DIF			0.6	0.1-1.0	x10 ³ /uL

Requisition Comments

Accessioning:Non Fasting

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____

DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____

DATE 02/02/09

COMPLETE REPORT

Generated By Autolims on 02/02/2009 at 06:29 AM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlms
2709090-13110839

Distribution Information

Silverlake NH - Stats
275 Castleton Avenue
Staten Island, NY 10301

SILVERLAKE-KARRON-000514

Patient Information

Karron, Marion
SML Code: 766233
Room: 240A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account Number 2718838-13166387

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R84452742	1050066001	02/05/2009 08:02 AM	02/05/2009	02/05/2009	U	

Complete Results Originally Reported on 02/05/2009 02:06 PM

Test Out of Range Within Range Reference Range Units

**** This Report Contains Critical Values ****

Chemistry

Glucose (grey) H 170 65-99 mg/dL
Fasting? Yes

Criteria for the diagnosis of diabetes:
(Fasting Glucose)

< 100 mg/dL: Normal fasting glucose
100-125 mg/dL: Impaired fasting glucose
> 125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen VH 132 9-23 mg/dL

Creatinine 0.8 0.7 0.6-1.3 mg/dL

BUN/Creat Ratio H 165.0 5.0-30.0

Sodium H 152 132-146 mEq/L

Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history

Potassium 4.6 3.5-5.5 mEq/L

Chloride H 113 99-109 mEq/L

Carbon Dioxide H 33 20-31 mEq/L

Calcium 9.1 8.5-10.4 mg/dL

Requisition Comments

Accessioning:Fasting

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE *2/6/09*

COMPLETE REPORT



Shiel
medical laboratory

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Patient Information
<p>Karron, Marion SML Code: 766233 Room: 240A</p>

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8445558M	1060029601	02/06/2009 07:30 AM	02/06/2009	02/06/2009	U	

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

**** This Report Contains Critical Values ****

Chemistry

Glucose (grey) H 171 65-99 mg/dL
Fasting? NO

Criteria for the diagnosis of diabetes:
(Fasting Glucose)
< 100 mg/dL: Normal fasting glucose
100-125 mg/dL: Impaired fasting glucose
> 125 mg/dL: Indicative of diabetes
Ref: Diabetes Care 29:S43-S48, 2006

2/5
still on IVF

Urea Nitrogen VH 119 132 9-23 mg/dL
Creatinine 0.6 0.6-1.3 mg/dL
P_{CR}/Creat Ratio H 197.6 5.0-30.0
Sodium H 152 152 132-146 mEq/L

Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history

Potassium 4.4 3.5-5.5 mEq/L
Chloride H 113 99-109 mEq/L
Carbon Dioxide 29 20-31 mEq/L
Calcium 9.0 8.5-10.4 mg/dL

****Requisition Comments****

Accessioning:Fasting

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

2/7/09

****COMPLETE REPORT****

Patient Information

Karron, Marion
SML Code: 770859
Room: 2BV 240A

shiel
modica laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano M.D.

Page 1 of 2 Account Information

VERRAZANO NH STATS
100 Castleton Avenue
Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8445303M	1090187801	02/07/2009	02/09/2009	02/12/2009	U	

PATIENT RESULTS

Test

Out of Range

Within Range

Reference Range

Units

Urinalysis

Color, Urine			Yellow	Yellow-Straw	
Appearance, Urine	H	TURBID		Clear	
pH, Urine			6.0	5.0-8.0	
Specific Gravity			1.020	1.005-1.030	R.I.
Bilirubin, Urine			NEGATIVE	NEGATIVE	
Blood, Urine	H	MODERATE		NEGATIVE	
Leuk. Esterase, U	H	LARGE		NEGATIVE	
Nitrites, Urine			NEGATIVE	NEGATIVE	
Glucose, Urine			NEGATIVE	NEGATIVE	mg/dL
Ketones, Urine			NEGATIVE	NEGATIVE	mg/dL
Protein, Urine	H	30		NEGATIVE	mg/dL
Urobilinogen, U			0.2	0.0-1.0	mg/dL
Urine Microscopic					
RBC, Urine	H	11-20		<5	/HPF
WBC, Urine	H	50+		<5	/HPF
Bacteria, Urine			None seen	None seen	/HPF
Epithelial Cells			None seen	None seen	/HPF
Crystals	H	Amorphous		None seen	/HPF
	H	Urate			
	H	Crystals			
Yeast	H	Many		None seen	/HPF

COMPLETE REPORT

Report Generated By: Autolims on 02/12/2009 at 01:38 PM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlms

2734175-13215131

SILVERLAKE-KARRON-000517

Patient Information

Karron, Marion
 SSN: 118244899
 Room: 240A



Brooklyn Navy Yard, Building 292
 63 Flushing Avenue, Brooklyn, New York 11205
 718-552-1000 Fax 718-552-1022

Medical Director
 Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account # 2724808-13195208

SILVERLAKE NH - STATS
 275 Castleton Avenue
 Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8445270A	1080015201	02/08/2009 02:15 PM	02/08/2009	02/08/2009	M	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

**** This Report Contains Critical Values ****

Chemistry

Glucose (grey) VH 474 65-99 mg/dL
 Fasting? No

Confirmed

Criteria for the diagnosis of diabetes:

(Fasting Glucose)

<100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

>125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen VH 109 9-23 mg/dL
 Confirmed

Creatinine 0.7 0.7-1.3 mg/dL

eGFR (calculation) >60 >60
 For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 155.6 5.0-30.0

Sodium 145 132-146 mEq/L

Potassium 5.0 3.5-5.5 mEq/L

Chloride H 112 99-109 mEq/L

Carbon Dioxide 31 20-31 mEq/L

Calcium 8.6 8.5-10.4 mg/dL

Requisition Comments

Accessioning: Non Fasting

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. DATE

These data will be monitored for further evaluation, see patient chart.

M.D. DATE 2/9/9.

COMPLETE REPORT

Patient Information

Karron, Marion
SSN: 118244899
Room: 240A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 1 Account Information 2735661-13256565

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8445270A	1080015201	02/08/2009 02:15 PM	02/08/2009	02/13/2009	M	78

Complete Results Originally Reported on 02/08/2009 07:28 PM

Test Out of Range Within Range Reference Range Units
**** This Report Contains Critical Values ****

Chemistry

Glucose (grey) VH 474 65-99 mg/dL
Fasting? No

Confirmed

Criteria for the diagnosis of diabetes:

(Fasting Glucose)

< 100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

> 125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen VH 109 9-23 mg/dL
Confirmed

Creatinine 0.7 0.7-1.3 mg/dL

eGFR (calculation) >60 >60

For African-Americans, multiply EGFR result x 1.2

BUN/Creat Ratio H 155.6 5.0-30.0

Sodium 145 132-146 mEq/L

Potassium 5.0 3.5-5.5 mEq/L

Chloride H 112 99-109 mEq/L

Carbon Dioxide 31 20-31 mEq/L

Calcium 8.6 8.5-10.4 mg/dL

Requisition Comments

Accessioning: Non Fasting

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. *[Signature]*

DATE 2/13/09

These data will be monitored for further evaluation, see patient chart.

M.D. *[Signature]*

DATE

Hospital

COMPLETE REPORT

Report Generated By Autolims on 02/13/2009 at 06:03 AM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims
2735661-13256565

SILVERLAKE-KARRON-000519

Patient Information

Karron, Marion
SML Code: 766233
Room: 240A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2

2728599-13213730

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8205068A	1090182501	02/09/2009 11:45 AM	02/09/2009	02/10/2009	U	

Complete Results Originally Reported on 02/10/2009 00:26 AM

Test	Out of Range	Within Range	Reference Range	Units
**** This Report Contains Critical Values ****				
MCHC	L 29.3		31.0-37.0	%
Platelets		383	150-450	$\times 10^3/\mu\text{L}$
RDW-CV	H 17.7		11.0-16.0	%
MPV		10.0	8.0-13.0	fL
Manual Differential				
Neutrophils%-DIF	H 83		40-70	%
Neutrophils abs	H 9.4		1.6-7.8	$\times 10^3/\mu\text{L}$
Lymphocytes%-DIF	L 6		20-40	%
Lymphs abs-DIF	L 0.7		1.0-4.5	$\times 10^3/\mu\text{L}$
Bands%-DIF	VH 11		0-6	%
Bands abs-DIF		1.3		
RBC Morphology				
Hypochromia-DIF	H ++		0	

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____

DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____

DATE _____

① 2/11/09

****COMPLETE REPORT****

Patient Information

Karron, Marion
SML Code: 766233
Room: 240A

shiel
medical laboratory
Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Page 1 of 2 Account Information 2728599-13213730

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8205068A	1090182501	02/09/2009 11:45 AM	02/09/2009	02/10/2009	U	

Complete Results Originally Reported on 02/10/2009 00:26 AM

Test Out of Range Within Range Reference Range Units

**** This Report Contains Critical Values ****

Chemistry

Glucose H 163 65-99 mg/dL

Criteria for the diagnosis of diabetes:
(Fasting Glucose)

<100 mg/dL: Normal fasting glucose

100-125 mg/dL: Impaired fasting glucose

>125 mg/dL: Indicative of diabetes

Ref: Diabetes Care 29:S43-S48, 2006

Urea Nitrogen VH 111 9-23 mg/dL

Creatinine 0.6 0.6-1.3 mg/dL

eGFR (calculation) >60

BUN/Creat Ratio H 185.0 5.0-30.0

Sodium H 153 132-146 mEq/L

Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history

Potassium H 5.7 3.5-5.5 mEq/L

Chloride H 118 99-109 mEq/L

Confirmed

Carbon Dioxide H 33 20-31 mEq/L

Calcium 9.6 8.5-10.4 mg/dL

Protein, Total L 5.9 6.0-8.3 g/dL

Albumin L 3.1 3.2-4.8 g/dL

Globulin 2.8 1.9-4.0 g/dL

A/G Ratio 1.1 1.0-2.5 Ratio

Alkaline 88 45-129 IU/L

Phosphatase

AST (SGOT) 22 13-40 IU/L

ALT (SGPT) 30 10-49 IU/L

Bilirubin, Total L 0.2 0.3-1.2 mg/dL

Hematology

White Blood Count H 11.4 4.0-11.0 $\times 10^3/\mu\text{L}$

Red Blood Count L 3.00 3.80-6.00 $\times 10^6/\mu\text{L}$

Hemoglobin L 8.9 11.1-16.1 g/dL

Hematocrit L 30.2 34.0-52.0 %

MCV H 108 78-102 fL

MCH 29.9 27.0-31.0 pg

COMPLETE REPORT

Generated By Autolims on 02/10/2009 at 10:39 AM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims

2728599-13213730

SILVERLAKE-KARRON-000521

Shiel Medical Laboratory

At Silver Lake Specialized Care Center
275 Castleton Avenue, Staten Island, NY 10301

ARTERIAL BLOOD GAS REPORT

Name (Last, First) KARRON, MARION Date: 2/20/09 ID# 15354
TIME DRAWN: 2⁰⁵ [] AM [] PM

Tested on
02/20/09 02:13 PM
Calibration Successful
Cal Code PEO-ACW-XZP
Cartridge Lot FATIG
Test Number 3040

Patient ID: 15354

Patient Temperature
37.3°C 99.1°F

BP 754 mmHg

Measured @ 37.0 °C
pH L 7.265
pCO2 H 68.7 mmHg
pO2 H 112.2 mmHg

Corrected to 37.3 °C
pH L 7.261
pCO2 H 69.6 mmHg
pO2 H 114.0 mmHg

Ref. Ranges
pH 7.35-7.450
pCO2 35.0- 45.0 mmHg
pO2 80.0-100.0 mmHg

Calculated Results
HCO3- 30.8 mEq
TCO2 32.9 mEq
* BEb 1.6 mEq
BEecf 3.8 mEq
O2Sat 97.2 %

*Hb for BEb 15.0 g/dL

Sample Info:
Type: Arterial
Site: Right Radial

VENTILATOR SETTINGS

MODE (CIRCLE ONE) A/C SIMV CPAP T/C PS
FiO2 30-45
R.R. 16
VT 500
ASSISTING RATE 0

ETCO2 40 O2 ANALYZED 90
PO 98 O2 LITERS

REFERENCE RANGE

pH 7.35 - 7.45
pCO2 35 - 45 mmHg
pO2 80 - 100 mmHg
HCO3 22 - 26 mmHg
tCO2 22 - 29 mmHg
BE-b -2 to +2 mmHg
BE-ecf -2 to +2 mmHg
O2 sat. 97.0 - 100 %

COMMENTS:

REPORTED TO: P DeBarona

RT'S Signature: Elliot J. Shinn

SILVERLAKE-KARRON-000522

Shiel Medical Laboratory

At Silver Lake Specialized Care Center
275 Castleton Avenue, Staten Island, NY 10301

ARTERIAL BLOOD GAS REPORT

Name (Last, First) Karrouy, Maroon Date: 2/20/09 ID# 15354

TIME DRAWN: 2:55 [] AM [X] PM

Tested on
02/20/09 03:04 PM

Calibration Successful

Cal Code PEO-ACW-XZP
Cartridge Lot FATIG
Test Number 3041

Patient ID: 15354

Patient Temperature
37.3°C 99.1°F

BP 75/4 mmHg

Measured @ 37.0 °C
pH L 7.333
pCO2 H 56.9 mmHg
pO2 H 115.9 mmHg

Corrected to 37.3 °C
pH L 7.328
pCO2 H 57.6 mmHg
pO2 H 117.8 mmHg

Ref. Ranges
pH 7.350-7.450
pCO2 35.0- 45.0 mmHg
pO2 80.0-100.0 mmHg

Calculated Results
HCO3- 29.8 mM
TCO2 31.6 mM
* BEb 2.4 mM
BEecf 3.9 mM
O2Sat 97.8 %

*tHb for BEb 15.0 g/dL

Sample Info:
Type: Arterial
Site: Right Radial

VENTILATOR SETTINGS

MODE (CIRCLE ONE) (A/C) SIMV CPAP T/C PS

FiO2 35-45

R.R. 18

VT 500

ASSISTING RATE 0

ETCO2 42 O2 ANALYZED 90

PO 98 O2 LITERS

REFERENCE RANGE

pH 7.35 - 7.45
pCO2 35 - 45 mmHg
pO2 80 - 100 mmHg
HCO3 22 - 26 mmHg
tCO2 22 - 29 mmHg
BE-b -2 to +2 mmHg
BE-ecf -2 to +2 mmHg
O2 sat. 97.0 - 100 %

COMMENTS:

REPORTED TO: P. Dalbero RPH

RT'S Signature: Elliot

SILVERLAKE-KARRON-000523



Patient Information

Karron, Marion
SML Code: 746963
Room: 245A

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R8317038W	1060106101	03/06/2009	03/06/2009	03/16/2009	F	78

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Sputum Culture

Gram Stain - Few Gram negative rods

*** Culture Results ***

Acinetobacter lwoffii

Many

Tetracycline	S	<=4
Trimeth/Sulf	S	<=2/38
Ampicillin	.	<=8
Nitrofuranto	.	<=32
Cefazolin	.	<=8
Clindamycin	.	<=8/4
Ciprofloxacin	S	<=1
Tobramycin	S	<=4
Ceftazidime	S	<=1
Ampicillin/s	S	<=8/4
Cefuroxime	.	<=4
Levofloxacin	S	<=2
Cefoxitin	.	<=8
Cefepime	S	<=8
Aztreonam	.	<=8
Ceftriaxone	S	<=8
Ticarcillin/	S	<=16
Meropenem (C	S	<=4
Cephalothin	.	<=8
Amikacin	S	<=16
Cefotetan	.	<=16
Cefotaxime	S	<=2
Moxifloxacin	.	<=2

Legend:

SIR = Susceptible Intermediate Resistant

***COMPLETE REPORT**

Patient Information

Karron, Marion
SML Code: 787460



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 2 of 2

2797225-13507835

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R83170522	1090226301	03/09/2009 06:00 AM	03/09/2009	03/14/2009	F	

PATIENT RESULTS

Test

Out of Range

Within Range

Reference Range

Units

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. _____ DATE _____

These data will be monitored for further evaluation, see patient chart.

M.D. _____ DATE _____

****COMPLETE REPORT****

Report Generated By Autolims on 03/14/2009 at 04:10 PM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims
2797225-135

SILVERLAKE-KARRON-000525

Patient Information

Karron, Marion
SML Code: 746963
Room: 245A



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account Information 2802340-13593583

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R83170360	1070017001	03/07/2009 05:00 AM	03/07/2009	03/17/2009	F	78
Complete Results Originally Reported on 03/12/2009 10:47 AM						

Test

Out of Range

Within Range

Reference Range

Units

Wound Culture

* * * Culture Results * * *

Pseudomonas fluorescens/putida

	Many
Tetracycline	S <=4
Trimeth/Sulf	S <=2/38
Ampicillin	. <=8
Cefazolin	. >16
Amoxicillin/	. <=8/4
Ciprofloxacin	R >2
Clamycin	S <=4
Ceftazidime	S 4
Ampicillin/s	. <=8/4
Cefuroxime	. 16
Levofloxacin	I 4
Cefoxitin	. >16
Cefepime	S <=8
Aztreonam	S <=8
Imipenem	S <=4
Ceftriaxone	S <=8
Ticarcillin/	S <=16
Meropenem (C	S <=4
Cephalothin	. >16
Amikacin	S <=16
Cefotetan	. 32
Cefotaxime	S 8
Moxifloxacin	. <=2
Piperacillin	S <=16

Legend:

SIR = Susceptible Intermediate Resistant
COMPLETE REPORT

Report Generated By Autolims on 03/17/2009 at 11:12 AM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlms
2802340-13593583

SILVERLAKE-KARRON-000526

Patient Information

Karron, Marion
ML Code: 787460



Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patricia R. Romano, M.D.

Page 1 of 2 Account Information 2797225-13507835

SILVERLAKE NH - STATS
275 Castleton Avenue
Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R83170522	1090226301	03/09/2009 06:00 AM	03/09/2009	03/14/2009	F	

PATIENT RESULTS

Test Out of Range Within Range Reference Range Units

Wound Culture

* * * Culture Results * * *

Pseudomonas aeruginosa

Many

Tetracycline	.	<=4
Trimeth/Sulf	.	>2/38
Ampicillin	.	<=8
Cefazolin	.	>16
Amoxicillin/	.	<=8/4
Ciprofloxaci	R	>2
Tobramycin	S	<=4
Clavulanate	S	4
Ampicillin/s	.	<=8/4
Cefuroxime	.	16
Levofloxacin	R	>4
Cefoxitin	.	>16
Cefepime	S	<=8
Aztreonam	S	<=8
Imipenem	S	<=4
Ceftriaxone	S	<=8
Ticarcillin/	S	<=16
Meropenem (C	S	<=4
Cephalothin	.	>16
Amikacin	S	<=16
Cefotetan	.	32
Cefotaxime	S	8
Piperacillin	S	<=16

Legend:

SIR = Susceptible Intermediate Resistant

****COMPLETE REPORT****

SILVER LAKE

ADDITIONAL ORDER FORM

VENT UNIT ☒ YES ☐ NO

RESIDENT'S NAME <i>Karron, Marion</i>	UNIT/ROOM/BAO <i>2B8 237A</i>	MRD RECORD # <i>15354</i>	ADMISSION DATE <i>1/21/08</i>	SEX <i>F</i>	DATE OF BIRTH <i>6/6/1930</i>	PAGE NO. <i>(1)</i>
MEDICATION ORDERS						
<i>T.O. An C. Scusa / Kuggeuer</i> Diet: Regular Diet DX: <i>penmakot 8.6mg \dot{r} Daily po</i> DX: CONSTIPATION <i>Magnesium Oxide 400mg</i> DX: HYPOMAGNESIUM <i>po Daily</i> <i>Prevacid 30mg \dot{r} Solu-Tab</i> DX: GERDS <i>po Daily</i> <i>Thiamine 100mg \dot{r} po</i> DX: ETOH <i>Daily</i> <i>Metoprolol XL 50mg</i> DX: HTN <i>\dot{r} po Daily</i> <i>Levothyroxine 0.15mg</i> DX: <i>(Levothroid) po Daily @ 6am</i> <i>Synthroid 0.025mg</i> DX: <i>hypothyroid po Daily @ 6am</i> <i>Risperdal 0.5mg</i> DX: <i>insomnia (psylchosis) \dot{r} po HS</i> <i>Paxil 10mg \dot{r}</i> DX: <i>Depression po Daily</i> <i>Percoet 5/325mg \dot{r}</i> DX: <i>Q8hs prn pain</i> <input checked="" type="checkbox"/> CONTACT ISOLATION \rightarrow MRSA sputum DX: ALLERGIES <i>NKA</i> DIAGNOSIS <i>Resp. Failure / COPD / AFib / Hypothyroidism</i> <i>VDRF</i> PHYSICIAN <i>Dr. Klahr</i> PHYSICIAN'S PHONE <i>(718) 667-9000</i> NURSE'S REVIEW DATE <i>1-21-08</i>						

Activities : as tolerated

Safety: none

Therapy: PT
OT } eval
ST

Floor Programs: pending

Laboratory Tests:

Yearly H+P due 1/09
CBC, CMP, Stool guac Q3 mos 4/08

T3T4 TSH Q3 mos due 4/08

B/p & weekly wts

VS OD x 30 days then prn

PICKED UP BY: *J. K. Klahr*REVIEWED BY: *J. K. Klahr*REVIEWED BY: *J. K. Klahr*I CERTIFY THE ABOVE NAMED RESIDENT IS IN NEED OF CONTINUED (NF) CARE. ☐MD SIGNATURE: *J. K. Klahr*

PRESCRIPTIONS FILLED GENERALLY UNLESS PRESCRIBER WRITES "DAW" IN BOX BELOW



DAW

VENT UNIT ☒ YES ☐ NO

RESIDENT'S NAME <i>Karron, Marion</i>	UNIT/ROOM/ISSD <i>2B/237A</i>	MED RECORD # <i>15354</i>	ADMISSION DATE <i>1/21/08</i>	SEX <i>F</i>	DATE OF BIRTH <i>6/6/1930</i>	PAGE NO. <i>(3)</i>
--	----------------------------------	------------------------------	----------------------------------	-----------------	----------------------------------	------------------------

MEDICATION ORDERS

GTUBE FEEDS OF
25 ~~W~~ Q4H WITH H2O FLUSH
OF 100 ML Q4H ON ENTERAL
PUMP AT 95ML/HR

TOTAL CALORIES:
TOTAL ML:
POSITION SEMI FOWLERS
REASON: NUTRITIONAL SUPPORT

CLEAVE G-TUBE WITH NS
QS AND PRN

CHANGE IRRIGATION SET
ACCORDING TO NURSING
HOM POLICY.

MU ~~VITAMINS~~ WITH MINERALS
15. ~~VIA GT-QD~~ FOR NUTRITION. ✓
po

PROSTAT 101 30ML ~~VIT~~ TID
FOR HYPOALBUMIN. *po* ✓

TYLENOL GR. X = 20ML LIQUID (640MG)
Q4H PRN FOR PAIN OR TEMP > 100.5 ✓

FLEET ENEMA EVERY 3RD DAY
PRN NO BM.

HEPARIN 5000 UNITS
SUBCUTANEOUSLY Q12H
FOR DVT PROPHYLAXIS ✓

PEPCID AC 10MG
2 TABLETS BID FOR GERD

PT/OT/ST EVAL AND TREAT

PODIATRY EVAL FOR
MYCOTIC NAILS.

OPHTH SCREEN CATARACTS
OR GLAUCOMA

DELIVERY DATE: START DATE:

PICKED UP BY: *[Signature]* DATE: *1/21/08* TIME: *3:17*
REVIEWED BY: *[Signature]* DATE: *1/21/08* TIME: *1:12*
REVIEWED BY: *[Signature]* DATE: TIME:
I CERTIFY THE ABOVE NAMED RESIDENT IS IN NEED OF CONTINUED (NP) CARE. ☐
MD SIGNATURE: *[Signature]* DATE:
PRESCRIPTIONS FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN BOX BELOW

☐
DAW

ALLERGIES	DIAGNOSIS
PHYSICIAN <i>Dr. Kladu</i>	PHYSICIAN'S PHONE <i>(718) 667-9000</i>
	NURSE'S REVIEW
	DATE

SILVER LAKE

RESPIRATORY ORDERS

VENT UNIT ☒ YES ☐ NO

RESIDENT'S NAME <i>Karron, Marion</i>	UNIT/ROOM/IBED <i>288 237A</i>	MRD RECORD # <i>15354</i>	ADMISSION DATE <i>1/21/08</i>	SEX <i>F</i>	DATE OF BIRTH <i>6/6/1930</i>	PAGE NO. <i>(2)</i>
MEDICATION ORDERS		DELIVERY DATE:	START DATE:			

RESPIRATORY

VENTILATOR SETTINGS:

VE *500* RR: *14*
 MODE: *AC* FIO₂: *25-35%*
 OTHER: _____

O₂ SAT WITH VENTILATOR MONITORING AND PRNETCO₂ QM AND PRN

SEE RESPIRATORY FLOW SHEETS

ABG'S

TRACH/CARE QS AND PRN

TRACHEAL SUCTIONING
QS AND PRNORAL PHARANGEAL SUCTIONING
QS AND PRNCHANGE INNER CANNULA
QD AND PRNALBUTERAL 1 UNIT DOSE VIA
NEBULIZER Q4H PRN FOR WHEEZINGATROVENT 1 UNIT DOSE VIA
NEBULIZER Q4H FOR COPD

*Foley care q5 as per
NHP*

*Influenza vaccination
0.5cc IM*

*Pneuvaccine 0.5cc
IM*

ALLERGIES

~~SA CAPP 3070 95-10~~

PICKED UP BY: *[Signature]* DATE: *1/21/08* TIME: *3:4*
 REVIEWED BY: *[Signature]* DATE: *1/21/08* TIME: *8:2*
 REVIEWED BY: *[Signature]* DATE: *1/21/08* TIME: *8:2*
 I CERTIFY THE ABOVE NAMED RESIDENT IS IN NEED OF CONTINUED (NP) CARE. ☐
 MD SIGNATURE: *[Signature]* DATE: _____
 PRESCRIPTIONS FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN BOX BELOW



DAW

DIAGNOSIS

PHYSICIAN

Dr. Klaber

PHYSICIAN'S PHONE

(718) 667-9000

NURSE'S REVIEW

DATE

SILVERLAKE-KARRON-000530

SILVER LAKE

ADDITIONAL ORDER FORM

VENT UNIT ☒ YES ☐ NO

RESIDENT'S NAME <i>Karron, Marion</i>	UNIT/ROOM/ISSD <i>2B 237A</i>	MRD RECORD # <i>15354</i>	ADMISSION DATE <i>1/21/08</i>	SEX <i>F</i>	DATE OF BIRTH <i>6/6/1930</i>	PAGE NO. <i>(4)</i>
--	----------------------------------	------------------------------	----------------------------------	-----------------	----------------------------------	------------------------

MEDICATION ORDERS

BMP, CBC
DX: *T3 T4 TSH*

Initial PPD 7/1 up in
DX: *2 WKS if neg.*

~~Bilateral head miter~~
~~at all times~~
DX: ~~Release 9:20 x 15 min~~
~~for Post. Surgery~~

~~Rhomb skin tear~~
~~NS wash followed by~~
DX: ~~Painting dry~~
~~25 x 100 gcs~~

DX:

DX:

DX:

DX:

DX:

DX:

DX:

ALLERGIES

PICKED UP BY: *mku* DATE: *1/21/08* TIME: *3:11*
 REVIEWED BY: _____ DATE: _____ TIME: _____
 REVIEWED BY: _____ DATE: _____ TIME: _____
 I CERTIFY THE ABOVE NAMED RESIDENT IS IN NEED OF CONTINUED (NF) CARE. ☐
 MD SIGNATURE: _____ DATE: _____
 PRESCRIPTIONS FILLED GENERALLY UNLESS PRESCRIBER WRITES "DAW" IN BOX BELOW

DAW

DIAGNOSIS

PHYSICIAN

PHYSICIAN'S PHONE

NURSE'S REVIEW

DATE

1-21-08



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		237A	Dr. Klahr
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
1/20/08	12/108	① T.O. Dr. Seese 1 Rongk Ativan .5 mg P.O stat for Agitation	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
1/22/08	2pm	② To Dr. Seese / W. L. L. R. R. cleans around back side & NS, apply Silverdew cream q 5 x 14 days Ativan 5mg PO	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
1/22/08	12/22/08	③ T.O. Dr. Klahr / V. R. R. ① NSWAS h followed by Bacitracin 2mg to 10 home q 5 x 10 days ② 1/20 min at all times & release q 20 x 15 min for 1st + 1st sleep	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DISPENSE AS WRITTEN	SIGNATURE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000532

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron		Marion	
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		237A	Dr. Klehn
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME	① To Dr. Klehn / The	
1/22/08		Rest of 5 days for 30 minutes	
		Restorative PT 5 days/wk x 30 min sessions	
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	DISPENSE AS WRITTEN
Hindale			
NAME-PRINT		SIGNATURE	DATE
DATE	TIME	② To Dr. Parv / KAS/Kear	
1/23/08		Ativan 1 mg / 100 mg	
		96° prn	
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	DISPENSE AS WRITTEN
NAME-PRINT		SIGNATURE	DATE
DATE	TIME	③ Vo. Dr. Klehn / Mary Ann Drandoff	
1-24-08	2PM	"Mitts" to both hands to prevent	
		from removing track	
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	DISPENSE AS WRITTEN
NAME-PRINT		SIGNATURE	DATE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000533

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST <i>Karon</i>	FIRST <i>Marion</i>	MI	<i>NKA</i>
FACILITY: <i>SLSCC</i>		ROOM #: <i>237A</i>	DOCTOR'S NAME: <i>Klehn</i>
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE, / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE <i>1/28/08</i>	TIME <i>1</i>	<i>Psychic / Paine</i>	<i>ip MS</i>
			Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	DISPENSE AS WRITTEN
DATE <i>1/29</i>	TIME <i>2</i>	<i>Nicotine patch 7mg/16hr</i>	<i>ip MS</i>
			Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	DISPENSE AS WRITTEN
DATE <i>1/30/08</i>	TIME <i>3</i>	<i>To Dr. Paine / 12/15 Paine</i>	<i>ip MS</i>
			Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	DISPENSE AS WRITTEN

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000534



An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	Karrox	FIRST	Marion
FACILITY:		MI	None
5LSCC		ROOM #:	237A
		DOCTOR'S NAME	
		Klahn	
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
1/31/08		① To Dr Klahn @ Dabrowa R Dic Foley cath monitor output if unable to void Sputum CTS X2 to remove from esol D/Contact isolation Dabrowa 1/31/08	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
			T.K.
DATE	TIME		
2/1/08	6:40pm	② ↑ Paxil to 2mg i po daily noted 2/1/08 2/1/08	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
			Staub
DATE	TIME		
2/1/08		③ DNM DetNM 2/1/08	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
Stundatum			h2/h

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000535



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron		Marion	None
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		237A	Kleah
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
2/13/08		① Numbin Patch 7 in to. low qd. #2 wks #RE Eval	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
Stundale			
2/13/08		Check here if faxed. Enter time. AM <input type="checkbox"/> PM <input type="checkbox"/>	
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	
NAME-PRINT		DATE	
DATE	TIME		
2/15/08		② Nswash to @ phin phinter apply bacitracin c osg BID X 2 wks	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
P. Daebew			
2/15/08		Check here if faxed. Enter time. AM <input type="checkbox"/> PM <input type="checkbox"/>	
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	
NAME-PRINT		DATE	
DATE	TIME		
2/19/08		③ CxR Solumbra 4 in 72h 1 FIO ₂ → 50-60% q6h Run	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
Stundale			
2/19/08		Check here if faxed. Enter time. AM <input type="checkbox"/> PM <input type="checkbox"/>	
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	
NAME-PRINT		DATE	

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000536

PHYSICIAN'S ORDER FORM

FACILITY
SILVER LAKE

PHARMACY
SHORE PHARMACEUTICAL



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771)	UNIT 2B	ROOM 237	BED A	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 01/21/08
--	------------	-------------	----------	---------------------------	----------	-------------------------------

D/C	MEDICATION ORDERS	OTHER ORDERS
	<p>BLOOD PRESSURE AND WTS EVERY WEEK</p> <p><u>DNR</u> 2/8/08</p> <p>01/21/08 A4584901</p>	<p>DELIVERY DATE <u>2/23</u> START DATE <u>2/23</u></p> <p>DIET:</p> <p>REGULAR</p>
	<p>RISPERDAL 0.5MG TABLET</p> <p>1 TAB BY MOUTH AT BEDTIME FOR INSOMNIA</p> <p>CHECK & RECORD ORTHOSTATIC BP WEEKLY</p> <p>01/21/08 R13236775</p>	<p>AS TOLERATED</p> <p>PT EVAL</p>
	<p>LEVOTHYROXINE SODIUM 150MCG TABLET (S/F: SYNTHROID)</p> <p>1 TAB BY MOUTH DAILY AT 6AM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FROM CALCIUM**</p> <p>01/21/08 R13236765</p>	<p>OT EVAL</p> <p>ST. EVAL</p>
	<p>LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID)</p> <p>1 TAB BY MOUTH DAILY AT 6AM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FROM CALCIUM**</p> <p>01/21/08 R13236772</p>	<p>RESTORATIVE OCCUPATIONAL THERAPY 5XWEEK 30MIN SESSIONS</p> <p>RESTORATIVE PHYSICAL THERAPY 5XWEEK 30MIN. SESSIONS</p>
	<p>MAGNESIUM OXIDE 400MG TABLET</p> <p>1 TAB BY MOUTH DAILY FOR HYPOMAGNESIUM</p> <p>01/21/08 R13236704</p>	<p>FLOOR PROGRAMS:</p> <p>PENDING</p>
	<p>METOPROLOL ER 50MG TAB. SR 24H (S/F: TOPROL XL)</p> <p>1 TAB BY MOUTH DAILY FOR HYPERTENSION</p> <p>01/21/08 R13236749</p>	<p>LABORATORY:</p> <p>YEARLY H&P DUE 1-9</p> <p>CBC, CMP, STOOL GUIAC EVERY 3 MONTHS <u>4-08</u></p>
	<p>MULTIVIT/MINERALS (CERTAVITE) LIQUID</p> <p>15 MLS BY MOUTH DAILY FOR NUTRITIONAL SUPPLEMENT</p> <p>*** (STOCK) ***</p> <p>01/21/08 R13236789</p>	<p>PREPARED BY: _____ DATE: _____ TIME: _____</p> <p>PICKED UP BY: <u>Adler</u> DATE: <u>2/21/08</u> TIME: <u>3</u></p> <p>VERIFIED BY: _____ DATE: _____ TIME: _____</p> <p>VERIFIED BY: <u>Dr</u> DATE: <u>2/21/08</u> TIME: <u>2</u></p> <p>NURSE'S REVIEW: _____ TIME: _____</p>
	<p>PAROXETINE 20MG TABLET (PAXIL)</p> <p>1 TAB BY MOUTH DAILY</p> <p>02/01/08 R13236789</p>	<p>Signature: <u>[Signature]</u> Date: <u>2/21/08</u></p> <p>THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW</p> <p><input type="checkbox"/></p>

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 02/21/08 02/08/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, STATEN ISLAND, NY, 10306		

SILVERLAKE-KARRON-000537

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE

PHARMACY

SHORE PHARMACEUTICAL

on GamCare Corp

RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (771)

UNIT

2B

ROOM

237

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMISSION

01/21/08

D/C

MEDICATION ORDERS

OTHER ORDERS

PREVACID SOLUTAB 30MG TAB LIN DR

1 TAB BY MOUTH DAILY FOR GERD

DISSOLVE ON TONGUE OR IN MOUTH

01/21/08 R13236710

SENNA TABLET

2 TABS BY MOUTH DAILY FOR

CONSTIPATION *** (STOCK) ***

01/21/08 R13236699

VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE)

1 TAB BY MOUTH DAILY FOR ETOH

01/21/08 R13236737

HEPARIN SOD 1ML 5000 UNITS/ML VIAL

INJECT 1ML (5000 UNITS)

SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS

01/21/08 R13236807

~~VS DAILY X 30 DAYS THEN AS NEEDED~~

01/21/08 A4584902

OXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET)

1 TAB BY MOUTH EVERY 8 HOURS AS NEEDED

TRIPLICATE REQUIRED

01/23/08 R13242588

LORAZEPAM 1MG TABLET (S/F: ATIVAN)

1 TAB BY MOUTH EVERY 6 HOURS AS NEEDED

TRIPLICATE REQUIRED

01/23/08 R13242586

ACETAMINOPHEN 160MG/5ML ELIXIR (S/F: ZY-TYLENOL)

20ML (640MG) BY MOUTH EVERY 4

HOURS AS NEEDED FOR PAIN OR TEMP

>100.5 *** (STOCK) ***

01/21/08 R13236710

T3, T4, TSH EVERY 3 MONTHS 4-8

RESTRAINTS:

NONE

HANDMITTENS AT ALL TIMES RELEASE EVERY HOURS X 15MINS FOR ROM AND HYGIENE

OTHER ORDERS:

~~CONTACT ISOLATION - MRSA SPUTUM~~ Dclp 1/21/08

PREPARED BY: DATE: TIME:

PICKED UP BY: DATE: TIME: 3

VERIFIED BY: DATE: TIME:

VERIFIED BY: DATE: 2/24 TIME: 2

NURSE'S REVIEW: TIME:

Signature

Date: 2/21/08

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "dow" IN THE BOX BELOW

Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

02/21/08

02/08/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan BLVD², STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (771)

ADMITTED

01/21/08

RESIDENT #

PAGE

2 OF 1

SILVERLAKE-KARRON-000538

**PHYSICIAN'S
ORDER FORM**

FACILITY

SILVER LAKE

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (771)

UNIT

2B

ROOM

237

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMISSION

01/21/08

MEDICATION ORDERS

OTHER ORDERS

D/C
02/17/08

**NICOTINE TRANSDERMAL 7MG/24HR.
PATCH TD24 (S/F: NICODERM CQ)**
APPLY 1 PATCH TO CHEST WALL EVERY
24 HOURS FOR 14 DAYS (ROTATE
SITES) *then re-evaluate.*

01/29/08 R13269059

~~POLY CARE EVERY SHIFT AS PER NPE~~

01/21/08 A4584920

02/17/08

**NYSTATIN W/TRIAMCINOLONE CREAM
(S/F: MYCOLOG II)**
AFTER N/S WASH APPLY TO FUNGAL
RASH TO PERINEAL AREA EVERY SHIFT
FOR 14 DAYS

01/30/08 R13276265

02/19/08

SILVER SULFADIAZINE 1% CREAM
APPLY AROUND TRACH SITE EVERY
SHIFT FOR 14 DAYS

02/05/08 R13298572

FLEET 19G-7G/118 ENEMA
INSERT 1 RECTALLY EVERY 3 DAYS AS
NEEDED IF NO BOWEL MOVEMENT(S)
*** (STOCK) ***

01/21/08 R13236804

**IPRATROPIUM BROM (62.5ML/BOX)
0.2MG/1ML SOLUTION**
1 UNIT DOSE VIA NEBULIZER EVERY 4
HOURS FOR COPD

01/23/08 R13242828

**ALBUTEROL 0.083% (75ML/BOX)
0.83MG/1ML SOLUTION**
1 UNIT DOSE VIA NEBULIZER EVERY 4
HOURS AS NEEDED FOR WHEEZING

01/23/08 R13242825

**PROSTAT 101 30ML BY MOUTH THREE
TIMES DAILY FOR HYPOALBUMIN**

01/21/08 A4584904

PREPARED BY: _____ DATE: _____ TIME: _____
PICKED UP BY: *Alley* DATE: *2/21/08* TIME: *3:*
VERIFIED BY: _____ DATE: _____ TIME: _____
VERIFIED BY: *Rox* DATE: *2/24/08* TIME: *2:*
NURSE'S REVIEW: _____ TIME: _____

Signature

Date: *2/21/08*

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

02/21/08

02/08/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (771)

ADMITTED

01/21/08

RESIDENT #

PAGE

2 OF 1

SILVERLAKE-KARRON-000539

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE

PHARMACY

SHORE PHARMACEUTICALS

ANALOGUE

RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (771)

UNIT

2B

ROOM

237

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMISSION

01/21/08

D/C

MEDICATION ORDERS

OTHER ORDERS

RESPIRATORY:

VENTILATOR SETTINGS:

VT: 500 RR: 12

MODE: AC FIO2: 25-35%

OTHER:

O2 SAT WITH VENTILATOR

MONITORING AND PRN

ETCO2 QM AND PRN

ABG'S

TRACH CARE Q5 AND PRN

TRACHEAL SUCTIONING Q5 AND PRN

ORAL PHARYNGEAL SUCTIONING
Q5 AND PRN

PREPARED BY: DATE: TIME:

PICKED UP BY: *Adelung* DATE: *2/21/08* TIME: *3-*

VERIFIED BY: DATE: TIME:

VERIFIED BY: DATE: TIME:

NURSE'S REVIEW: DATE: TIME:

Signature

Date: *2/21/08*

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW

Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

02/21/08

02/08/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (771)

ADMITTED

01/21/08

RESIDENT #

PAGE

4 OF 4

SILVERLAKE-KARRON-000540

**PHYSICIAN'S
ORDER FORM**

FACILITY
SILVER LAKE

PHARMACY
SHORE PHARMACEUTI

AS
of 2/21/08

RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771)	UNIT 2B	ROOM 237	BED A	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMIS 01/21/0
--	------------	-------------	----------	---------------------------	----------	--------------------------

D/C	MEDICATION ORDERS	OTHER ORDERS
	<p>✓ CHANGE INNER CANNULA QD AND PRN</p> <p>Set</p> <p>contact isolation MRSA sputum</p> <p>NS wash to (R) skin skin tear then ✓ apply Bacitracin 3 day BID x 2 week 2/15/08 → 2/28/08</p> <p>prednisone 40 mg po QD X 4 days then decrease by 10 mg Q 3rd day until maintenance of 10 mg</p> <p><i>[Signature]</i> 2/22/08</p>	
		<p>PREPARED BY: _____ DATE: _____ TIME: _____</p> <p>PICKED UP BY: <i>[Signature]</i> DATE: 2/21/08 TIME: 2: _____</p> <p>VERIFIED BY: _____ DATE: _____ TIME: _____</p> <p>VERIFIED BY: _____ DATE: _____ TIME: _____</p> <p>NURSE'S REVIEW: _____ TIME: _____</p>
		<p><i>[Signature]</i> Date: 2/21/08</p> <p>THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW</p> <p><input type="checkbox"/></p> <p>Dispense As Written</p>

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 02/21/08 02/08/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, STATEN ISLAND, NY, 10306		
RESIDENT NAME KARRON, MARION (771)	ADMITTED 01/21/08	RESIDENT # PAGE 5 OF 5

SILVERLAKE-KARRON-000541

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron	manon		
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		037A	klahr
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
1/10	10:00	① DIL Solunum	
		Prescribe 40mg po bid 24hr	
		very Day of week every 3-9	
		on 1mg	
			Check here if faxed. Enter time.
			AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
Stydale			
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE
DATE	TIME		
1/08	10:00	② NIACLS	
			Check here if faxed. Enter time.
			AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
Stydale			
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE
DATE	TIME		
2/25/08	10:00	③ 10. Dr. Scarsu / 2Re	
		↓ FIO ₂ 35-45 to 60	
			Check here if faxed. Enter time.
			AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000542

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron	Marion		None
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		237A	Kleahs
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
2/27/08		① To Disperse P Omeprazole D/C loperidine OT/PT 2/27/08	
		P Omeprazole 2/27/08	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
3/1/08		② Baclofen 20 cc 1/2 1/2 p.o. Q12 x 7 days 3-1-08	
		P Omeprazole 3/1/08	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
3/3/08		③ D/C nicotine patch noted noted 3/3/08 2 p.m. 3/3/08	
		P Omeprazole 3/3/08	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000543

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron	Marin		None
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		237A	Klady
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
3/5/08	①	X Ray of Rt ankle.	
		QDacbow	
		3/5/08	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
			3/5/08
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		Check here if faxed. Enter time. AM <input type="checkbox"/> PM <input type="checkbox"/>	
DATE	TIME		
3/6/08	②	Cetacal CVit D 40mg / 400mg 2 tabs 6 FPOB ID DN osteo porosis	
		QDacbow	
		3/6/08	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
			3/6/08
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		Check here if faxed. Enter time. AM <input type="checkbox"/> PM <input type="checkbox"/>	
DATE	TIME		
3/8/08	③	Transfer to nurse for evaluation due to some contraindications	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
			3/8/08
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		Check here if faxed. Enter time. AM <input type="checkbox"/> PM <input type="checkbox"/>	

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000544

PHYSICIAN'S ORDER FORM

FACILITY
SILVER LAKE

PHARMACY
SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771)		UNIT 2B	ROOM 237	BED A	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 01/21/08
D/C	MEDICATION ORDERS			OTHER ORDERS			
	BLOOD PRESSURE AND WTS EVERY WEEK <i>non hospital DNR</i> 01/21/08 A4584901			DELIVERY DATE _____ START DATE _____			
	✓ RISPERDAL 0.5MG TABLET 1 TAB BY MOUTH AT BEDTIME FOR INSOMNIA CHECK & RECORD ORTHOSTATIC BP WEEKLY 01/21/08 R13236775			ADVANCE DIRECTIVES: **DO NOT RESUSCITATE** DIET: REGULAR			
	✓ LEVOTHYROXINE SODIUM 150MCG TABLET (S/F: SYNTHROID) 1 TAB BY MOUTH DAILY AT 6AM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FROM CALCIUM** 01/21/08 R13236765			ACTIVITIES: AS TOLERATED THERAPY: PT EVAL <i>Annual</i> 3/09 OT EVAL <i>Annual</i> 3/09 ST. EVAL <i>Annual</i> 3/09			
	✓ LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID) 1 TAB BY MOUTH DAILY AT 6AM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FROM CALCIUM** 01/21/08 R13236772			RESTORATIVE PHYSICAL THERAPY 5XWEEK 30MIN. SESSIONS			
	✓ MAGNESIUM OXIDE 400MG TABLET 1 TAB BY MOUTH DAILY FOR HYPOMAGNESIUM 01/21/08 R13236704			FLOOR PROGRAMS: <i>PENDING prompt 1st & 2nd extremes Resp</i>			
	✓ METOPROLOL ER 50MG TAB. SR 24H (S/F: TOPROL XL) 1 TAB BY MOUTH DAILY FOR HYPERTENSION 01/21/08 R13236749			LABORATORY: YEARLY H&P DUE 1-9 CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08			
	✓ MULTIVIT/MINERALS (CERTAVITE) LIQUID 15 MLS BY MOUTH DAILY FOR NUTRITIONAL SUPPLEMENT *** (STOCK) *** 01/21/08 R13236789			PREPARED BY: _____ DATE: <i>3/13/08</i> TIME: _____ PICKED UP BY: <i>ML</i> DATE: <i>3/13/08</i> TIME: <i>3:30</i> VERIFIED BY: _____ DATE: _____ TIME: _____ VERIFIED BY: _____ DATE: _____ TIME: _____ NURSE'S REVIEW: _____ TIME: _____			
✓ PAROXETINE 20MG TABLET 1 TAB BY MOUTH DAILY <i>Gooder 3/11/08</i> 02/01/08 R13286686			Signature _____ Date: <i>3/13/08</i> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> Dispense As Written				

CONTINUED NEXT PAGE

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 03/20/08 03/10/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, STATEN ISLAND, NY, 10306		

RESIDENT NAME
KARRON, MARION (771)

ADMITTED
01/21/08

RESIDENT #

PAGE
1 OF 1

SILVERLAKE-KARRON-000545

PHYSICIAN'S
ORDER FORM

FACILITY
SILVER LAKE

PHARMACY
SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771)	UNIT 2B	ROOM 237	BED A	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 01/21/08
--	------------	-------------	----------	---------------------------	----------	-------------------------------

D/C	MEDICATION ORDERS	OTHER ORDERS
✓	PREVACID SOLUTAB 30MG TAB LIN DR 1 TAB BY MOUTH DAILY FOR GERD **DISSOLVE ON TONGUE OR IN MOUTH** 01/21/08 R13236710	T3, T4, TSH EVERY 3 MONTHS 4-8 RESTRAINTS: NONE
✓	SENNA TABLET 2 TABS BY MOUTH DAILY FOR CONSTIPATION *** (STOCK) *** 01/21/08 R13236699	HANDMITTENS AT ALL TIMES RELEASE EVERY HOURS X 15MINS FOR ROM AND HYGIENE
✓	VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE) 1 TAB BY MOUTH DAILY FOR ETOH 01/21/08 R13236737	
✓	CITRUS CALCIUM 200MG TABLET (S/F: CITRACAL PETITES + VIT D) <i>400mg</i> 2 TAB BY MOUTH TWICE DAILY FOR OSTEOPOROSIS *** (STOCK) *** 03/07/08 R13432709	
✓	HEPARIN SOD 1ML 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) SUBCUTANEDOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS 01/21/08 R13236807	
✓	OXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB BY MOUTH EVERY 8 HOURS AS NEEDED TRIPLICATE REQUIRED 01/23/08 R13242588	PREPARED BY: _____ DATE: _____ TIME: _____ PICKED UP BY: <i>ml</i> DATE: 3/13/08 TIME: 3:00 VERIFIED BY: _____ DATE: _____ TIME: _____ VERIFIED BY: _____ DATE: _____ TIME: _____ NURSE'S REVIEW: _____ TIME: _____
✓	LORAZEPAM 1MG TABLET (S/F: ATIVAN) 1 TAB BY MOUTH EVERY 6 HOURS AS NEEDED TRIPLICATE REQUIRED 01/23/08 R13242586	Signature: <i>[Signature]</i> Date: 3/13/08 THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW
✓	ACETAMINOPHEN 160MG/5ML ELIXIR (S/F: ZY-TYLENOL) 20ML (640MG) BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 *** (STOCK) *** 01/21/08 R13236795	<input type="checkbox"/> Dispense As Written

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 03/20/08 03/10/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, STATEN ISLAND, NY, 10306		

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (771)

UNIT

2B

ROOM

237

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMISSION

01/21/08

D/C

MEDICATION ORDERS

OTHER ORDERS

FLEET 19G-7G/118 ENEMA

INSERT 1 RECTALLY EVERY 3 DAYS AS
NEEDED IF NO BOWEL MOVEMENT(S)

*** (STOCK) ***

01/21/08 R13236804

IPRATROPIUM BROM (62.5ML/BOX)

0.2MG/1ML SOLUTION

1 UNIT DOSE VIA NEBULIZER EVERY 4
HOURS FOR COPD

01/23/08 R13242828

ALBUTEROL 0.083% (75ML/BOX)

0.83MG/1ML SOLUTION

1 UNIT DOSE VIA NEBULIZER EVERY 4
HOURS AS NEEDED FOR WHEEZING

01/23/08 R13242825

PROSTAT 101 30ML BY MOUTH THREE
TIMES DAILY FOR HYPOALBUMIN

01/21/08 A4584904

~~Citracal + Vitamin D~~
~~400mg + 400 IU~~
~~2 tabs PO BID~~

See
other
sheet

~~osteoporosis~~

~~O2 SAT WITH VENTILATOR~~

MONITORING AND PRN

ETCO2 QM AND PRN

~~ABC'S~~

hand mittens release Q20
+ pin for Rom + hygiene

PREPARED BY: _____ DATE: _____ TIME: _____
PICKED UP BY: ML DATE: 3/13/08 TIME: 3:2
VERIFIED BY: ML DATE: 3/13 TIME: 11
VERIFIED BY: _____ DATE: _____ TIME: _____
NURSE'S REVIEW: _____ TIME: _____

ML

Signature

Date: 3/13/08

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

03/20/08

03/10/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (771)

ADMITTED

01/21/08

RESIDENT #

PAGE

3 OF

SILVERLAKE-KARRON-000547

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE

PHARMACY

SHORE PHARMACEUTI

An Omnicare Co.

RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (771)

UNIT

2B

ROOM

237

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMIS

01/21/08

D/C

MEDICATION ORDERS

OTHER ORDERS

TRACH CARE QS AND PRN

TRACHEAL SUCTIONING QS AND PRN

~~ORAL PHARYNGEAL SUCTIONING
QS AND PRN~~

CHANGE INNER CANNULA
QD AND PRN

RESPIRATORY:

VENTILATOR SETTINGS:

VT: 500 RR: 12

MODE: AC FIO2: 35-45%

OTHER:

prednisone 10mg PO QD
COPD

PREPARED BY: DATE: TIME:
PICKED UP BY: DATE: TIME:
VERIFIED BY: DATE: TIME:
VERIFIED BY: DATE: TIME:
NURSE'S REVIEW: DATE: TIME:

Date: 3/13/08

Signature

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

03/20/08

03/10/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (771)

ADMITTED

01/21/08

RESIDENT #

PAGE

4 OF 4

SILVERLAKE-KARRON-000548



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
KARRON	Marion		None
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSC		232A	Klahr
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
3/10/08	4pm	① to Dr. Acuna / K. Rouse Transfer to room 232B	Sa Givens 8:30pm 3/10/08
		<input type="checkbox"/> Check here if faxed. Enter time. AM <input type="checkbox"/> PM <input type="checkbox"/>	
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	DISPENSE AS WRITTEN
DATE	TIME		
3/11/08	10p	② to Dr. Klahr / Ruggieri Hand motion pro release Q2 hr x 15 mins for personal hygiene + ROM (ptr safety - pulling out tubes)	Stadins 3/11/08
		<input type="checkbox"/> Check here if faxed. Enter time. AM <input type="checkbox"/> PM <input type="checkbox"/>	
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	DISPENSE AS WRITTEN
DATE	TIME		
3/14/08		③ to Dr. Blair / D. Dabrowski Rm change to 246	
		<input type="checkbox"/> Check here if faxed. Enter time. AM <input type="checkbox"/> PM <input type="checkbox"/>	
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	DISPENSE AS WRITTEN

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000549

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron	Marion		None
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		246	Kleahr
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
3/20/08	1	Physical therapy reassessment	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
3/27/08	2	Speech therapy evaluation for speaking valve	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
3/28/08	3	TO Dr Blasi Dr Dalbersh Rm change to 145 - more appropriate environment	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000550

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron		Mamon	None
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSC		130A	Dr. McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
3/31/08	1048	① VIA ICHS, CBC, BMP, Blood Culture CPL - PA/Ltd - R/O white	Laluk 3/31/08
			AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	SIGNATURE
		DISPENSE AS WRITTEN	DATE
DATE	TIME		
4/2/08		② T prednisone to 40 mg PO QD X 5 days then return to 10 mg QD	P. Mamon 4/2/08
			AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	SIGNATURE
		DISPENSE AS WRITTEN	DATE
DATE	TIME		
4/4/08	9PM	③ T.O. Dr. McCarthy / ER CBC, BMP in AM IVF, 45 N/S 1000cc Osh. if still lethargic send to hospital Hold Metoprolol / Dispendol tonight	V. Mamon
			AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	SIGNATURE
		DISPENSE AS WRITTEN	DATE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000551

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron		Manion	None
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		130A	Dr. McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
4/5/08		① T/O Dr. McCarthy Huelshof D/C IVF.	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	DISPENSE AS WRITTEN
		SIGNATURE	DATE
DATE	TIME		
4/7/08	1030	② CBL in 4/10/08	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	DISPENSE AS WRITTEN
		SIGNATURE	DATE
DATE	TIME		
4/11/08	pos	③ Stool L occult Blood CBC in week	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	DISPENSE AS WRITTEN
		SIGNATURE	DATE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000552

**PHYSICIAN'S
ORDER FORM**

SILVER LAKE

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771)	UNIT 2B	ROOM 232	BED B	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 01/21/08
--	------------	-------------	----------	---------------------------	----------	-------------------------------

MEDICATION ORDERS		OTHER ORDERS	
BLOOD PRESSURE AND WTS EVERY WEEK 01/21/08 A4584901		DELIVERY DATE _____ START DATE _____ ADVANCE DIRECTIVES: **DO NOT RESUSCITATE** NON HOSPITAL **DO NOT RESUSCITATE** DIET: REGULAR ACTIVITIES: AS TOLERATED THERAPY: PT ANNUAL 3-9 OT ANNUAL 3-9 ST. ANNUAL 3-9 FLOOR PROGRAMS: PROM TO UPPER AND LOWER EXTREMITIES 5-REPS EVERY SHIFT LABORATORY: YEARLY H&P DUE 1-9 CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08	
RISPERDAL 0.5MG TABLET 1 TAB BY MOUTH AT BEDTIME FOR INSOMNIA <i>Depression</i> CHECK & RECORD ORTHOSTATIC BP WEEKLY 01/21/08 R13236775		PREPARED BY: <i>W</i> DATE: <i>4/18/08</i> TIME: <i>2-3</i> PICKED UP BY: <i>W</i> DATE: <i>4/18/08</i> TIME: <i>3-7</i> VERIFIED BY: _____ DATE: _____ TIME: _____ VERIFIED BY: _____ DATE: _____ TIME: _____ NURSE'S REVIEW: _____ DATE: _____ TIME: _____	
LEVOTHYROXINE SODIUM 150MCG TABLET (S/F: SYNTHROID) 1 TAB BY MOUTH DAILY AT 5AM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FROM CALCIUM** 01/21/08 R13236765			
LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID) 1 TAB BY MOUTH DAILY AT 5AM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FROM CALCIUM** 01/21/08 R13236772			
MAGNESIUM OXIDE 400MG TABLET 1 TAB BY MOUTH DAILY FOR HYPOMAGNESIUM 01/21/08 R13236704			
METOPROLOL ER 50MG TAB. SR 24H (S/F: TOPROL XL) 1 TAB BY MOUTH DAILY FOR HYPERTENSION 01/21/08 R13236749			
MULTIVIT/MINERALS (CERTAVITE) LIQUID 15 MLS BY MOUTH DAILY FOR NUTRITIONAL SUPPLEMENT *** (STOCK) *** 01/21/08 R13236789		Signature: <i>[Signature]</i> Date: <i>4/7/08</i> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <input type="checkbox"/>	
PAROXETINE 20MG TABLET 1 TAB BY MOUTH DAILY 02/01/08 R13284684		Dispense As Written CONTINUED NEXT PAGE	

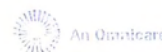
DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 04/19/08 03/28/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, STATEN ISLAND, NY, 10306		

SILVERLAKE-KARRON-000553

PHYSICIAN'S ORDER FORM

FACILITY
SILVER LAKE

PHARMACY
SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771)	UNIT 2B	ROOM 232	BED B	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADM. 01/21/08
--	------------	-------------	----------	---------------------------	----------	--------------------------

D/C	MEDICATION ORDERS	OTHER ORDERS
	PREDNISONE 10MG TABLET 1 TAB BY MOUTH DAILY FOR COPD 02/22/08 R13462316	T3, T4, TSH EVERY 3 MONTHS 4-8 7/08 RESTRAINTS: NONE
	PREVACID SOLUTAB 30MG TAB LIN DR 1 TAB BY MOUTH DAILY FOR GERD **DISSOLVE ON TONGUE OR IN MOUTH** 01/21/08 R13236710	HANDMITTENS AT ALL TIMES RELEASE EVERY 2 HOURS X 15MINS FOR ROM AND HYGIENE HAND MITTENS RELEASE EVERY 2 HOURS AND NEEDED FOR ROM AND HYGIENE
	SENNA TABLET 2 TABS BY MOUTH DAILY FOR CONSTIPATION *** (STOCK) *** 01/21/08 R13236699	
	VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE) 1 TAB BY MOUTH DAILY FOR ETOH 01/21/08 R13236737	
	CITRUS CALCIUM 200MG TABLET (S/F: CITRACAL PETITES + VIT D) 2 TABS BY MOUTH TWICE DAILY FOR OSTEOPOROSIS *** (STOCK) *** 03/07/08 R13462807	
	HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS 01/21/08 R13236807	PREPARED BY: <u>LS</u> DATE: <u>4/7/08</u> TIME: <u>7:30</u> PICKED UP BY: <u>[Signature]</u> DATE: <u>4/7/08</u> TIME: <u>7:30</u> VERIFIED BY: <u>[Signature]</u> DATE: <u>4/7/08</u> TIME: <u>7:30</u> VERIFIED BY: <u>[Signature]</u> DATE: <u>4/7/08</u> TIME: <u>7:30</u> NURSE'S REVIEW: <u>[Signature]</u> DATE: <u>4/7/08</u> TIME: <u>7:30</u>
	OXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB BY MOUTH EVERY 8 HOURS AS NEEDED TRIPLICATE REQUIRED 01/23/08 R13242588	
	LORAZEPAM 1MG TABLET (S/F: ATIVAN) 1 TAB BY MOUTH EVERY 6 HOURS AS NEEDED TRIPLICATE REQUIRED 03/12/08 R13449714	

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 04/10/08 03/28/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAM BLVD ² , STATEN ISLAND, NY, 10306		

SILVERLAKE-KARRON-000554

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (771)

UNIT

2B

ROOM

232

BED

B

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMISS

01/21/08

D/C

MEDICATION ORDERS

OTHER ORDERS

ACETAMINOPHEN 160MG/5ML ELIXIR
(S/F: ZY-TYLENOL)
20ML (640MG) BY MOUTH EVERY 4
HOURS AS NEEDED FOR PAIN OR TEMP
>100.5 *** (STOCK) ***

01/21/08 R13236795

FLEET 19G-7G/118 ENEMA
INSERT 1 RECTALLY EVERY 3 DAYS AS
NEEDED IF NO BOWEL MOVEMENT(S)
*** (STOCK) ***

01/21/08 R13236804

IPRATROPIUM BROM (62.5ML/BOX)
0.2MG/1ML SOLUTION
1 UNIT DOSE VIA NEBULIZER EVERY 4
HOURS FOR COPD

01/23/08 R13242828

ALBUTEROL 0.083% (75ML/BOX)
0.83MG/1ML SOLUTION
1 UNIT DOSE VIA NEBULIZER EVERY 4
HOURS AS NEEDED FOR WHEEZING

01/23/08 R13242825

PROSTAT 101 30ML BY MOUTH THREE
TIMES DAILY FOR HYPOALBUMIN

in 30cc H₂O

01/21/08 A4584904

O2 SAT WITH VENTILATOR
MONITORING AND PRN

ETCO2 QM AND PRN

PREPARED BY: *[Signature]* DATE: 4/7/08 TIME: 2:30
PICKED UP BY: *[Signature]* DATE: 4/7/08 TIME: 2:30
VERIFIED BY: _____ DATE: _____ TIME: _____
VERIFIED BY: _____ DATE: _____ TIME: _____
NURSE'S REVIEW: _____ TIME: _____

Signature

Date: 4/7/08

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW

Dispense As Written

DIAGNOSIS / ICD9 CODE

ESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

04/10/08

03/28/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800
3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (771)

ADMITTED

01/21/08

RESIDENT #

PAGE

3 OF 4

SILVERLAKE-KARRON-000555

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE

PHARMACY

SHORE PHARMACEUTI



Anamcare Corp

RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (771)

UNIT

2B

ROOM

232

BED

B

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMIS

01/21/08

D/C

MEDICATION ORDERS

OTHER ORDERS

TRACH CARE QS AND PRN

TRACHEAL SUCTIONING QS AND PRN

CHANGE INNER CANNULA
QD AND PRN

RESPIRATORY:

VENTILATOR SETTINGS:

VT: 500 RR: 12

MODE: AC FI02: 35-45%

OTHER:

T3, T4, TSH
CBC, CMP
Stool guaiac x1

PREPARED BY: *ls*

DATE: *4/7/08* TIME: *23*

PICKED UP BY: *ls*

DATE: *4/7/08* TIME: *23*

VERIFIED BY: *ls*

DATE: *4/7/08* TIME: *23*

VERIFIED BY: *ls*

DATE: *4/7/08* TIME: *23*

NURSE'S REVIEW: *ls*

DATE: *4/7/08* TIME: *23*

Signature

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

04/10/08

03/28/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BKO701157) 718-447-7800

3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (771)

ADMITTED

01/21/08

RESIDENT #

PAGE

SILVERLAKE-KARRON-000556

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron	Marian		NKA
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSC		13PA	Dr. McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
4/15/08		① To Dr. McCarthy / Pharm A, Augmentin 875mg po BID x 7 days.	
		- 117Z	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	
DATE	TIME		
4/15/08		② pmv Family only	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	
DATE	TIME		
4/21/08		③ Beaton to @ Hnd g sh. H must be NS. DS 17 x 10 days	
		4/21/08	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000557

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron		Marron	
FACILITY:		ROOM #:	DOCTOR'S NAME
SLCC		130A	Dr. McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME	①	
4/24/08		Dr. McCarthy / the	
		NS work followed by	
		Bacitracin dry to	
		Quint skin test BID x 10	
		Check here if <input checked="" type="checkbox"/> faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE
DATE	TIME	②	
5/4/08	10A	T/abr McCarthy → H. Hesse	
		CXR → R/O Pneumonia	
		CPE, BMP	
		↑ FLO2 50-60% as per ABG	
		Check here if <input checked="" type="checkbox"/> faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE
DATE	TIME	③	
5/6/08	1050	Rocapha 1gm IVPB q24 x 10	
		Avelar 400g IVPB q24 x 10	
		Pneumonia	
		Check here if <input checked="" type="checkbox"/> faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000558

PHYSICIAN'S
ORDER FORM

FACILITY

SILVER LAKE

PHARMACY

SHORE PHARMACEUTI



An Omnicare Company

RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (771)

UNIT

2B

ROOM

232

BED

B

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMISSION

01/21/08

D/C

MEDICATION ORDERS

BLOOD PRESSURE AND WTS EVERY WEEK

01/21/08 A4584901

RISPERDAL 0.5MG TABLET

1 TAB BY MOUTH AT BEDTIME FOR
INSOMNIA *Asstalon*
CHECK & RECORD ORTHOSTATIC BP
WEEKLY *psycho 515*

01/21/08 R13236775

LEVOTHYROXINE SODIUM 150MCG
TABLET (S/F: SYNTHROID)

1 TAB BY MOUTH DAILY AT 5AM FOR
HYPOTHYROIDISM **SEPARATE 2 HOURS
FROM CALCIUM**

01/21/08 R13236765

LEVOTHYROXINE SODIUM 25MCG TABLET
(S/F: SYNTHROID)

1 TAB BY MOUTH DAILY AT 5AM FOR
HYPOTHYROIDISM **SEPARATE 2 HOURS
FROM CALCIUM**

01/21/08 R13236772

MAGNESIUM OXIDE 400MG TABLET

1 TAB BY MOUTH DAILY FOR
HYPOMAGNESIUM

01/21/08 R13236704

METOPROLOL ER 50MG TAB. SR 24H
(S/F: TOPROL XL)

1 TAB BY MOUTH DAILY FOR
HYPERTENSION

01/21/08 R13236749

MULTIVIT/MINERALS (CERTAVITE)
LIQUID

15 MLS BY MOUTH DAILY FOR
NUTRITIONAL SUPPLEMENT
*** (STOCK) ***

01/21/08 R13236789

PAROXETINE 20MG TABLET

1 TAB BY MOUTH DAILY — *depression*

02/01/08 R13286686

OTHER ORDERS

DELIVERY DATE *7/7/08* START DATE *7/8/08*

ADVANCE DIRECTIVES:

DO NOT RESUSCITATE

NON HOSPITAL **DO NOT RESUSCITATE**

DIET:

REGULAR

ACTIVITIES:

AS TOLERATED

THERAPY:

PT ANNUAL 3-9

OT ANNUAL 3-9

ST. ANNUAL 3-9

FLOOR PROGRAMS:

PROM TO UPPER AND LOWER EXTREMITIES
5-REPS EVERY SHIFT

LABORATORY:

YEARLY H&P DUE 1-9

CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08

PREPARED BY: *CR* DATE: *7-3* TIME: *7:30*
PICKED UP BY: *hm* DATE: *8/6/08* TIME: *3:30*
VERIFIED BY: *ym* DATE: *7/8* TIME: *3:30*
VERIFIED BY: *Allyssa* DATE: *7/8* TIME: *3:30*
NURSE'S REVIEW: _____ TIME: _____

(Signature)

Signature

Date: *8/5/08*

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

CONTINUED NEXT PAGE

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

05/05/08

04/30/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan BLVD², STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (771)

ADMITTED

1/21/08

RESIDENT #

PAGE

1 OF 2

SILVERLAKE-KARRON-000559

PHYSICIAN'S
ORDER FORM

FACILITY
SILVER LAKE

PHARMACY
SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771)	UNIT 2B	ROOM 232	BED B	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 01/21/08
--	------------	-------------	----------	---------------------------	----------	-------------------------------

D/C MEDICATION ORDERS

OTHER ORDERS

ETCO2 QM AND PRN

TRACH CARE QS AND PRN

TRACHEAL SUCTIONING QS AND PRN

CHANGE INNER CANNULA
QD AND PRN

RESPIRATORY:
VENTILATOR SETTINGS:
VT: 500 RR: 14 12
MODE: AC FIO2: 35-45% 50-60%
OTHER:

Apply Baebren out to @
wrist, p vs wash bid x 10 days
4/24 - 5/3/08 nurse @

Rocophanes 7pm 14PB qd
in pneumonia. X10 days -
Avelox 400mg N/A qd x 14 days
pneumonia

PREPARED BY: Cy DATE: 5/3/08 TIME: 7-3
PICKED UP BY: mm DATE: 5/3/08 TIME: 3
VERIFIED BY: mm DATE: 5/3/08 TIME: 7
VERIFIED BY: mm DATE: 5/3/08 TIME: 7
NURSE'S REVIEW: _____ TIME: _____

Signature _____ Date: 5/3/08

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

05/05/08

04/30/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800
3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (771)

ADMITTED

01/21/08

RESIDENT #

PAGE

1 OF 1

SILVERLAKE-KARRON-000560

**PHYSICIAN'S
ORDER FORM**

FACILITY
SILVER LAKE

PHARMACY
SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771)	UNIT 2B	ROOM 232	BED B	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 01/21/08
---	-------------------	--------------------	-----------------	----------------------------------	-----------------	--------------------------------------

D/C MEDICATION ORDERS

OTHER ORDERS

PREDNISONE 10MG TABLET
1 TAB BY MOUTH DAILY *cap*

04/02/08 R13629994

PREVACID SOLUTAB 30MG TAB LIN DR
1 TAB BY MOUTH DAILY FOR GERD
DISSOLVE ON TONGUE OR IN MOUTH

01/21/08 R13236710

SENNA TABLET
2 TABS BY MOUTH DAILY FOR CONSTIPATION *** (STOCK) ***

01/21/08 R13236699

VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE)
1 TAB BY MOUTH DAILY FOR ETOH

01/21/08 R13236737

CITRUS CALCIUM 200MG TABLET (S/F: CITRACAL PETITES + VIT-D)
2 TABS BY MOUTH TWICE DAILY FOR OSTEOPOROSIS *** (STOCK) ***

03/07/08 R13462807

HEPARIN SODIUM 5000 UNITS/ML VIAL
INJECT 1ML (5000UNITS)
SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS

01/21/08 R13236807

OXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET)
1 TAB BY MOUTH EVERY 8 HOURS AS NEEDED
TRIPLICATE REQUIRED

01/23/08 R13242588

LORAZEPAM 1MG TABLET (S/F: ATIVAN)
1 TAB VIA G-TUBE EVERY 6 HOURS AS NEEDED FOR ANXIETY
TRIPLICATE REQUIRED

04/16/08 R13599541

T3, T4, TSH EVERY 3 MONTHS 7-8

RESTRAINTS:

NONE

HANDMITTENS AT ALL TIMES RELEASE EVERY HOURS X 15MINS FOR ROM AND HYGIENE

HAND MITTENS RELEASE EVERY 2 HOURS AND NEEDED FOR ROM AND HYGIENE

PREPARED BY: *[Signature]* DATE: *5/5/08* TIME: *3:30*
PICKED UP BY: *[Signature]* DATE: *5/5/08* TIME: *3:30*
VERIFIED BY: *[Signature]* DATE: *5/5/08* TIME: *3:30*
VERIFIED BY: *[Signature]* DATE: *5/5/08* TIME: *3:30*
NURSE'S REVIEW: *[Signature]* TIME: *3:30*

[Signature]

Signature

Date: *5/5/08*

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

05/05/08

04/30/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800
3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (771)

ADMITTED

01/21/08

RESIDENT #

PAGE

2 of 2

SILVERLAKE-KARRON-000561

PHYSICIAN'S
ORDER FORM

FACILITY
SILVER LAKE

PHARMACY
SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (771)

UNIT

2B

ROOM

232

BED

B

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMISSION

01/21/08

D/C

MEDICATION ORDERS

OTHER ORDERS

ACETAMINOPHEN 160MG/5ML ELIXIR
(S/F: ZY-TYLENOL)

20ML (640MG) BY MOUTH EVERY 4
HOURS AS NEEDED FOR PAIN OR TEMP
>100.5 *** (STOCK) ***

01/21/08 R13236795

APPLY BACITRACIN OINTMENT TO
RIGHT HANDE AFTER NORMAL SALINE
WASH AND DRY STERILE DRESSING
TWICE DAILY

04/25/08 A4719764

FLEET 19G-7G/118 ENEMA

INSERT 1 RECTALLY EVERY 3 DAYS AS
NEEDED IF NO BOWEL MOVEMENT(S)
*** (STOCK) ***

01/21/08 R13236804

IPRATROPIUM BROM (62.5ML/BOX)

0.2MG/1ML SOLUTION

1 UNIT DOSE VIA NEBULIZER EVERY 4
HOURS FOR COPD

01/23/08 R13633056

ALBUTEROL 0.083% (75ML/BOX)

0.83MG/1ML SOLUTION

1 UNIT DOSE VIA NEBULIZER EVERY 4
HOURS AS NEEDED FOR WHEEZING

01/23/08 R13242825

PROSTAT 101 30ML IN 30ML WATER BY
MOUTH THREE TIMES DAILY FOR
HYPOALBUMIN

01/21/08 A4584904

Prn c family only

O2 SAT WITH VENTILATOR

MONITORING AND PRN

PREPARED BY: *lt* DATE: *5/5/08* TIME: *7:30*
PICKED UP BY: *pm* DATE: *5/5/08* TIME: *3*
VERIFIED BY: *pm* DATE: *5/5/08* TIME: *1*
VERIFIED BY: *pm* DATE: *5/5/08* TIME: *1*
NURSE'S REVIEW: _____ TIME: _____

[Signature]

Signature

Date: *5/5/08*

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

05/05/08

04/30/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan BLVD², STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (771)

ADMITTED

01/21/08

RESIDENT #

PAGE

2 of 2

SILVERLAKE-KARRON-000562

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
FACILITY:		ROOM #:	DOCTOR'S NAME
Karron		Marron	MC
5LSCC		130A	McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
5/16/08	10:20	① hydrocortisone cream (2.5%) apply q12h to affected area x 2 wk 5/16/08	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
		5/16/08	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	
DATE	TIME		
5/20/08	10:20	② T/Obr McCarthy → H. Hesse. J. manner 5/20/08 UA/CBS → foul smelling urine	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
		5/20/08	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	
DATE	TIME		
5/24/08		③ T/O Dr. McCarthy H. Hesse CBC, BMP CXR 5/24/08	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
		5/24/08	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000563

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron		Manon	NKA
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		130A	Dr. McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
5/26/08		①	
		↓ FIO ₂ 45-55% (5cm concentrator)	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
5/29/08		②	
		Tpo Dr. McCarthy / Hank	
		Apply Breibreen oint to (2) lower leg skin tear	
		p vs wash bid x 10 days	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
6/14/08		③	
		Tpo Dr. McCarthy / Hank	
		Apply Breibreen oint to (2) lower leg	
		skin tear p vs wash wash bid x 14 days	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000564

PHYSICIAN'S
ORDER FORM

FACILITY

SILVER LAKE

PHARMACY

SHORE PHARMACEUTI

Shore Pharmaceuticals Company

RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (771)

UNIT

2B

ROOM

232

BED

B

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMISSION

01/21/08

D/C

MEDICATION ORDERS

BLOOD PRESSURE AND WTS EVERY WEEK

01/21/08 A4584901

RISPERDAL 0.5MG TABLET
1 TAB BY MOUTH AT BEDTIME FOR
~~ACITATION~~ *psychosis*
CHECK & RECORD ORTHOSTATIC BP
WEEKLY

01/21/08 R13236775

LEVOTHYROXINE SODIUM 150MCG
TABLET (S/F: SYNTHROID)
1 TAB BY MOUTH DAILY AT 5AM FOR
HYPOTHYROIDISM **SEPARATE 2 HOURS
FROM CALCIUM**

01/21/08 R13236765

LEVOTHYROXINE SODIUM 25MCG TABLET
(S/F: SYNTHROID)
1 TAB BY MOUTH DAILY AT 5AM FOR
HYPOTHYROIDISM **SEPARATE 2 HOURS
FROM CALCIUM**

01/21/08 R13236772

MAGNESIUM OXIDE 400MG TABLET
1 TAB BY MOUTH DAILY FOR
HYPOMAGNESIUM

01/21/08 R13236704

METOPROLOL ER 50MG TAB. SR 24H
(S/F: TOPROL XL)
1 TAB BY MOUTH DAILY FOR
HYPERTENSION

01/21/08 R13236749

MULTIVIT/MINERALS (CERTAVITE)
LIQUID
15 MLS BY MOUTH DAILY FOR
NUTRITIONAL SUPPLEMENT
*** (STOCK) ***

01/21/08 R13236789

PAROXETINE 20MG TABLET
1 TAB BY MOUTH DAILY FOR
DEPRESSION

02/01/08 R13286886

OTHER ORDERS

DELIVERY DATE 6/19 START DATE 6/19/08

ADVANCE DIRECTIVES:

DO NOT RESUSCITATE

NON HOSPITAL **DO NOT RESUSCITATE**

DIET:

REGULAR

ACTIVITIES:

AS TOLERATED

THERAPY:

PT ANNUAL 3-9

OT ANNUAL 3-9

ST. ANNUAL 3-9

FLOOR PROGRAMS:

PROM TO UPPER AND LOWER EXTREMITIES
5-REPS EVERY SHIFT

LABORATORY:

YEARLY H&P DUE 1-9

CBC, CMP, STOOL QUIAC EVERY 3 MONTHS 7-08

PREPARED BY: W DATE: 6/13 TIME: 1:30
PICKED UP BY: W DATE: 6/13 TIME: 1:30
VERIFIED BY: W DATE: 6/13 TIME: 1:30
VERIFIED BY: W DATE: 6/13 TIME: 1:30
NURSE'S REVIEW: W DATE: 6/13 TIME: 1:30

[Signature]

Signature

Date: 6/2/08

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

CONTINUED NEXT PAGE

DIAGNOSIS / ICD9 CODE

ESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

06/02/08

05/21/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan Blvd., STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (771)

ADMITTED

01/21/08

RESIDENT #

PAGE

1 OF

SILVERLAKE-KARRON-000565

PHYSICIAN'S ORDER FORM

FACILITY
SILVER LAKE

PHARMACY
SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #		UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISSION
KARRON, MARION (771)		2B	232	B	06/06/30	F	01/21/08
D/C	MEDICATION ORDERS	OTHER ORDERS					
	PREDNISONE 10MG TABLET 1 TAB BY MOUTH DAILY FOR COPD 04/02/08 R13629994	T3, T4, TSH EVERY 3 MONTHS 7-8 RESTRAINTS: NONE					
	PREVACID SOLUTAB 30MG TAB LIN DR 1 TAB BY MOUTH DAILY FOR GERD **DISSOLVE ON TONGUE OR IN MOUTH** 01/21/08 R13236710	HANDMITTENS AT ALL TIMES RELEASE EVERY HOURS X 15MINS FOR ROM AND HYGIENE HAND MITTENS RELEASE EVERY 2 HOURS AND NEEDED FOR ROM AND HYGIENE					
	SENNA TABLET 2 TABS BY MOUTH DAILY FOR CONSTIPATION ***(STOCK)*** 01/21/08 R13236699						
	VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE) 1 TAB BY MOUTH DAILY FOR ETOH 01/21/08 R13236737						
	CITRUS CALCIUM 200MG TABLET (S/F: CITRACAL PETITES + VIT D) 2 TABS BY MOUTH TWICE DAILY FOR OSTEOPOROSIS ***(STOCK)*** 03/07/08 R13462807						
	HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS 01/21/08 R13236807	PREPARED BY: <u> </u> DATE: <u> </u> TIME: <u> </u> PICKED UP BY: <u> </u> DATE: <u> </u> TIME: <u> </u> VERIFIED BY: <u> </u> DATE: <u> </u> TIME: <u> </u> VERIFIED BY: <u> </u> DATE: <u> </u> TIME: <u> </u> NURSE'S REVIEW: <u> </u> TIME: <u> </u>					
	OXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB BY MOUTH EVERY 8 HOURS AS NEEDED TRIPLICATE REQUIRED 01/23/08 R13242588	Signature: <u> </u> Date: <u>6/2/08</u> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div> Dispense As Written					
	LORAZEPAM 1MG TABLET (S/F: ATIVAN) 1 TAB VIA G-TUBE EVERY 6 HOURS AS NEEDED FOR ANXIETY TRIPLICATE REQUIRED 04/16/08 R13599541						

DIAGNOSIS / ICD9 CODE	ALLERGY	REVIEW DATE
RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	NO KNOWN ALLERGIES	06/02/08
		05/21/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME	ADMITTED	RESIDENT #	PAGE
KARRON, MARION (771)	01/21/08		1

SILVERLAKE-KARRON-000566

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE

PHARMACY

SHORE PHARMACEUTI



All Sunicare Corp

RESIDENT NAME & MEDICAL RECORD #		UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMIS
KARRON, MARION (771)		2B	232	B	06/06/30	F	01/21/08
D/C	MEDICATION ORDERS	OTHER ORDERS					
	ACETAMINOPHEN 160MG/5ML ELIXIR (S/F: ZY-TYLENOL) 20ML (640MG) BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 *** (STOCK) *** 01/21/08 R13236795						
05/30/08	HYDROCORTISONE 2.5% CREAM APPLY TO AFFECTED AREAS EVERY 12 HOURS FOR 14 DAYS 05/16/08 R13730075						
	FLEET 19G-7G/118 ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) *** (STOCK) *** 01/21/08 R13236804						
	IPRATROPIUM BROM (62.5ML/BOX) 0.2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 01/23/08 R13633056						
	ALBUTEROL 0.083% (75ML/BOX) 0.83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 01/23/08 R13242825						
	PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN 01/21/08 A4584904	PREPARED BY: <u>Gr</u> DATE: <u>6/2/08</u> TIME: <u>73</u> PICKED UP BY: <u>pm</u> DATE: <u>6/2/08</u> TIME: <u>73</u> VERIFIED BY: <u>pm</u> DATE: <u>6/2/08</u> TIME: <u>73</u> VERIFIED BY: <u>pm</u> DATE: <u>6/2/08</u> TIME: <u>73</u> NURSE'S REVIEW: _____ TIME: _____					
		Signature: <u>[Signature]</u> Date: <u>6/2/08</u> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> Dispense As Written					
	02 SAT WITH VENTILATOR MONITORING AND PRN						

DIAGNOSIS / ICD9 CODE	ALLERGY	REVIEW DATE
RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	NO KNOWN ALLERGIES	06/02/08
		05/21/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME	ADMITTED	RESIDENT #	PAGE
KARRON, MARION (771)	01/21/08		2

SILVERLAKE-KARRON-000567

PHYSICIAN'S ORDER FORM

SILVERLAKE-KARRON-000568

SHORE PHARMACEUTICAL

SILVER LAKE

DATE OF ADMIS

RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (771)

MEDICATION ORDERS

OTHER ORDERS

UNIT 2B ROOM 232 BED B DATE OF BIRTH 06/06/30 SEX F DATE OF ADMIS 01/21/06

ETCO2 GM AND PRN

TRACH CARE GS AND PRN

TRACHEAL SUCTIONING GS AND PRN

CHANGE INNER CANNULA
GD AND PRN

RESPIRATORY:
VENTILATOR SETTINGS:
VT: 500 RR: 14
MODE: AC FIO2: 50-60%
OTHER: 45-55%

PNV WITH FAMILY ONLY

PREPARED BY: *[Signature]*
DATE: 6/13
TIME: 13
PICKED UP BY: *[Signature]*
DATE: 6/13
TIME: 09
VERIFIED BY: *[Signature]*
DATE: 6/13
TIME: 09
VERIFIED BY: *[Signature]*
DATE: 6/13
TIME: 09
NURSE'S REVIEW: *[Signature]*
DATE: 6/13
TIME: 09

THIS PRESCRIPTION WILL BE FILLED GENERALLY
UNLESS PRESCRIBER WRITES "dow" IN THE BOX BELOW

Signature

Date: 6/13/06

Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

NO KNOWN ALLERGIES

ALLERGY

REVIEW DATE

06/02/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK070157) 718-447-7800

3109 HYLAN BLVD., STATEN ISLAND, NY, 10306

ADMITTED

RESIDENT #

PAGE

RESIDENT NAME

KARRON, MARION (771)

PHYSICIAN'S ORDER FORM

SILVER LAKE

SHORE PHARMACEUTICAL



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771)	UNIT 20	ROOM 232	BED B	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 01/21/08
--	------------	-------------	----------	---------------------------	----------	-------------------------------

MEDICATION ORDERS		OTHER ORDERS	
BLOOD PRESSURE AND WTS EVERY WEEK		DELIVERY DATE <u>7/2</u> START DATE <u>7/3/08</u>	
01/21/08 A4584901		ADVANCE DIRECTIVES:	
RISPERDAL 0.5MG TABLET		**DO NOT RESUSCITATE**	
1 TAB BY MOUTH AT BEDTIME FOR ACITATION <i>Psychosis</i>		NON HOSPITAL **DO NOT RESUSCITATE**	
CHECK & RECORD ORTHOSTATIC BP WEEKLY		DIET:	
01/21/08 R13236775		REGULAR	
LEVOTHYROXINE SODIUM 150MCG TABLET (S/F: SYNTHROID)		ACTIVITIES:	
1 TAB BY MOUTH DAILY AT 5AM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FROM CALCIUM**		AS TOLERATED	
01/21/08 R13236765		THERAPY:	
LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID)		PT ANNUAL 3-9	
1 TAB BY MOUTH DAILY AT 5AM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FROM CALCIUM**		OT ANNUAL 3-9	
01/21/08 R13236772		ST. ANNUAL 3-9	
MAGNESIUM OXIDE 400MG TABLET		FLOOR PROGRAMS:	
1 TAB BY MOUTH DAILY FOR HYPOMAGNESIUM		FROM TO UPPER AND LOWER EXTREMITIES	
01/21/08 R13236704		5-REPS EVERY SHIFT	
METOPROLOL ER 50MG TAB. SR 24H (S/F: TOPROL XL)		LABORATORY:	
1 TAB BY MOUTH DAILY FOR HYPERTENSION		YEARLY H&P DUE 1-9	
01/21/08 R13236749		CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08	
MULTIVIT/MINERALS (CERTAVITE) LIQUID <i>7 tab</i>		PREPARED BY: <i>W</i>	
15 MLC BY MOUTH DAILY FOR NUTRITIONAL SUPPLEMENT		PICKED UP BY: <i>P. B...</i>	
*** (STOCK) ***		VERIFIED BY: <i>P. B...</i>	
01/21/08 R13236789		VERIFIED BY: <i>P. B...</i>	
PAROXETINE 20MG TABLET		NURSE'S REVIEW: <i>P. B...</i>	
1 TAB BY MOUTH DAILY FOR DEPRESSION		DATE: <u>6/30/08</u> TIME: <u>7:30</u>	
02/01/08 R13286686		DATE: <u>7/1/08</u> TIME: <u>7:00</u>	
		Signature: <i>[Signature]</i> Date: <u>6/30/08</u>	
		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW	
		<input type="checkbox"/>	
		Dispense As Written	
		CONTINUED NEXT PAGE	

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 06/05/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, Staten Island, NY, 10306		06/01/08

SILVERLAKE-KARRON-000569

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (771)

UNIT

2B

ROOM

232

BED

B

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMISSION

01/21/08

D/C

MEDICATION ORDERS

OTHER ORDERS

PREDNISONE 10MG TABLET
1 TAB BY MOUTH DAILY FOR COPD

T3, T4, TSH EVERY 3 MONTHS 7-8

04/02/08 R13629994

PREVACID SOLUTAB 30MG TAB LIN DR
1 TAB BY MOUTH DAILY FOR GERD
**DISSOLVE ON TONGUE OR IN
MOUTH**

RESTRAINTS:
NONE

HANDMITTENS AT ALL TIMES RELEASE EVERY
HOURS X 15MINS FOR RDM AND HYGIENE

01/21/08 R13236710

SENNA TABLET
2 TABS BY MOUTH DAILY FOR
CONSTIPATION *** (STOCK) ***

HAND MITTENS RELEASE EVERY 2 HOURS AND
NEEDED FOR RDM AND HYGIENE

01/21/08 R13236699

VITAMIN B-1 (THIAMINE) 100MG
TABLET (S/F: THIAMINE)
1 TAB BY MOUTH DAILY FOR ETOH

01/21/08 R13236737

CITRUS CALCIUM 200MG TABLET (S/F:
CITRACAL PETITES + VIT D)
2 TABS BY MOUTH TWICE DAILY FOR
OSTEOPOROSIS *** (STOCK) ***

03/07/08 R13462807

HEPARIN SODIUM 5000 UNITS/ML VIAL
INJECT 1ML (5000UNITS)
SUBCUTANEOUSLY EVERY 12 HOURS FOR
DVT PROPHYLAXIS

PREPARED BY: [Signature] DATE: 6/21/08 TIME: 23
PICKED UP BY: [Signature] DATE: 6/21/08 TIME: 23
VERIFIED BY: [Signature] DATE: 6/21/08 TIME: 23
VERIFIED BY: [Signature] DATE: 6/21/08 TIME: 23
NURSE'S REVIEW: [Signature] TIME: 23

01/21/08 R13236807

OXYCODONE/APAP 5MG/325MG TABLET
(S/F: PERCOCET)
1 TAB BY MOUTH EVERY 8 HOURS AS
NEEDED
TRIPLICATE REQUIRED

01/23/08 R13242588

LORAZEPAM 1MG TABLET (S/F: ATIVAN)
1 TAB P.O. EVERY 6 HOURS AS
NEEDED FOR ANXIETY
TRIPLICATE REQUIRED

04/16/08 R13599501

[Signature] Date: 6/21/08
Signature
THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW

Dispense As Written

DIAGNOSIS / ICD9 CODE

ESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

06/05/08

06/01/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BRO701157) 718-447-7800

3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (771)

ADMITTED

01/21/08

RESIDENT #

PAGE

2 OF 2

SILVERLAKE-KARRON-000570

PHYSICIAN'S ORDER FORM

FACILITY
SILVER LAKE

PHARMACY
SHORE PHARMACEUTICAL



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771)	UNIT 2B	ROOM 232	BED B	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 01/21/08
--	------------	-------------	----------	---------------------------	----------	-------------------------------

D/C	MEDICATION ORDERS	OTHER ORDERS
	<p>ACETAMINOPHEN 160MG/5ML ELIXIR (S/F: ZY-TYLENOL) 20ML (640MG) BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 ****(STOCK)**** 01/21/08 R13236795</p>	
	<p>FLEET 19G-7G/11B ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) ****(STOCK)**** 01/21/08 R13236804</p>	
	<p>IPRATROPIUM BROM (62.5ML/BOX) 0.2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 01/23/08 R13633056</p>	
	<p>ALBUTEROL 0.083% (75ML/BOX) 0.83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 01/23/08 R13242825</p>	
	<p>PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN 01/21/08 A4584904</p>	
	<p>O2 SAT WITH VENTILATOR MONITORING AND PRN</p>	<p>PREPARED BY: <u>Y</u> DATE: <u>6/5/08</u> TIME: <u>3</u> PICKED UP BY: <u>Chapman</u> DATE: <u>6/5/08</u> TIME: <u>3</u> VERIFIED BY: <u>Chapman</u> DATE: <u>6/5/08</u> TIME: <u>3</u> VERIFIED BY: <u>Chapman</u> DATE: <u>6/5/08</u> TIME: <u>3</u> NURSE'S REVIEW: _____ TIME: _____</p>
	<p>ETCO2 QM AND PRN</p>	<p>Signature: <u>Ran</u> Date: <u>6/5/08</u> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <input type="checkbox"/> Dispense As Written</p>

LA 7/1/08

<p>DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF</p>	<p>ALLERGY NO KNOWN ALLERGIES</p>	<p>REVIEW DATE 06/05/08 06/01/08</p>
<p>PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, STATEN ISLAND, NY, 10306</p>		
<p>RESIDENT NAME KARRON, MARION (771)</p>	<p>ADMITTED 01/21/08</p>	<p>PAGE 3 OF 4</p>

SILVERLAKE-KARRON-000571

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE

PHARMACY

SHORE PHARMACEUTICAL



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771)	UNIT 2B	ROOM 232	BED B	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 01/21/08
--	------------	-------------	----------	---------------------------	----------	-------------------------------

D/C	MEDICATION ORDERS	OTHER ORDERS
	TRACH CARE Q5 AND PRN	
	TRACHEAL SUCTIONING Q5 AND PRN	
	CHANGE INNER CANNULA QD AND PRN	
	RESPIRATORY: VENTILATOR SETTINGS: VT: 500 RR: 14 <i>45/55%</i> MODE: AC FIO2: 50 80% OTHER:	
	PNV WITH FAMILY ONLY	
	<i>06/11/08</i>	
		PREPARED BY: <i>[Signature]</i> DATE: <i>6/3/08</i> TIME: <i>23</i> PICKED UP BY: <i>[Signature]</i> DATE: <i>6/3/08</i> TIME: <i>24</i> VERIFIED BY: <i>[Signature]</i> DATE: <i>6/3/08</i> TIME: <i>24</i> VERIFIED BY: <i>[Signature]</i> DATE: <i>6/3/08</i> TIME: <i>24</i> NURSE'S REVIEW: <i>[Signature]</i> DATE: <i>6/3/08</i> TIME: <i>24</i>
		Signature: <i>[Signature]</i> Date: <i>6/3/08</i> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> Dispense As Written

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 06/05/08 06/01/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd., STATEN ISLAND, NY, 10306		
RESIDENT NAME KARRON, MARION (771)	ADMITTED 01/21/08	RESIDENT # PAGE

SILVERLAKE-KARRON-000572



Please place a checkmark in the box marked Faxed to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
FACILITY:		ROOM #:	DOCTOR'S NAME
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
		Check here if faxed. Enter time. AM <input type="checkbox"/> PM <input type="checkbox"/>	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
		Check here if faxed. Enter time. AM <input type="checkbox"/> PM <input type="checkbox"/>	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
		Check here if faxed. Enter time. AM <input type="checkbox"/> PM <input type="checkbox"/>	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000573

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron	Mannon		NKA
FACILITY:		ROOM #:	DOCTOR'S NAME
SLCC		130A	McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
7/8/08		① T/O D Klah / write n Bacitracin 40g p NS wash to ② skin BID x 7 days Gulab	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE
DATE	TIME		
7/14/08		② T/O M. Bruno ^{PA} / Lichurke ABG CXR EBC, BMP, U/P E/P	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE
DATE	TIME		
7/14/08		③ T/O M. Bruno ^{PA} / Lichurke ↑ RR to 16 Repeat ABG in Am	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000574



An Omnicare Company

Please place a checkmark in the box marked Faxed to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
KARRON	MARION		NKA
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		130A	McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
7/14/08	10pm	① T.O.M. McCarthy / Ruggieri Rocephen 1gm IVPB daily x 10 days Avelox 400mg IVPB daily x 10 days (+ RLL pneumonia)	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	SIGNATURE
DATE	TIME		
7/15/08	12n	② T/Obr McCarthy → H. Nasser Swallowing well → Speech	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	SIGNATURE
DATE	TIME		
7/15/08	1P	③ T/Obr McCarthy → H. Nasser NPO Place NGT c HUCXP Pulmocare 250cc q4h flush c 100cc H2O Feed by NGT All meds via NGT 100cc H2O	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	SIGNATURE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000575

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
FACILITY:		ROOM #:	DOCTOR'S NAME
Karron		Marion	McCarthy
SLSCC		130A	
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME	① 7/15/08 2P T.O. Dr. McCarthy → GI consult GI Consult for G/T Placement all meds currently via NGT Repeat ABG	
		Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME	② 7/15/08 2P T.O. Dr. McCarthy Ruggieri L/FIO2 to 35-45% D5 1/2 NS IL @ 12hs until CKR avail Do NOT use	
		Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME	③ 7/16/08 0920 - 1 Parent to young, 2400 - depression - d/c Keflex - warm soaks to RUE q shift	
		Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000576

ORDER FORM

SILVER LAKE

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #	UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISSION
KARRON, MARION (771)	1B	130	A	06/06/30	F	01/21/08

D/C	MEDICATION ORDERS	OTHER ORDERS
	BLOOD PRESSURE AND WTS EVERY WEEK 01/21/08 A4584901	DELIVERY DATE <u>7/30</u> START DATE <u>7/31/08</u> ADVANCE DIRECTIVES: **DO NOT RESUSCITATE**
	RISPERIDONE 0.5MG TABLET 1 TAB BY MOUTH AT BEDTIME FOR PSYCHOSIS <u>we NAT</u> CHECK & RECORD ORTHOSTATIC BP WEEKLY 07/02/08 R13927473	NON HOSPITAL **DO NOT RESUSCITATE** DIET: REGULAR
	LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID) 1 TAB BY MOUTH DAILY AT 5AM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FROM CALCIUM** <u>via NAT</u> 01/21/08 R13925660	ACTIVITIES: AS TOLERATED THERAPY: PT ANNUAL 3-9 OT ANNUAL 3-9
	LEVOTHYROXINE SODIUM 150MCG TABLET (S/F: SYNTHROID) 1 TAB BY MOUTH DAILY AT 5AM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FROM CALCIUM** <u>NAT</u> 01/21/08 R13925664	ST. ANNUAL 3-9 FLOOR PROGRAMS: PROM TO UPPER AND LOWER EXTREMITIES 5-REPS EVERY SHIFT
	MAGNESIUM OXIDE 400MG TABLET 1 TAB BY MOUTH DAILY FOR HYPOMAGNESIUM <u>NAT</u> 01/21/08 R13798716	LABORATORY: YEARLY H&P DUE 1-9 CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08
	METOPROLOL ER 50MG TAB. SR 24H (S/F: TOPROL XL) 1 TAB BY MOUTH DAILY FOR HYPERTENSION <u>NAT</u> 01/21/08 R13798717	PREPARED BY: <u>[Signature]</u> DATE: <u>7/28</u> TIME: <u>23</u> PICKED UP BY: <u>[Signature]</u> DATE: <u>7/28</u> TIME: <u>3</u> VERIFIED BY: <u>[Signature]</u> DATE: <u>6/18</u> TIME: <u>14</u> VERIFIED BY: _____ DATE: _____ TIME: _____ NURSE'S REVIEW: _____ TIME: _____
	MULTIVITAMIN W/MINERALS TABLET 1 TAB BY MOUTH DAILY FOR <u>15ml nat</u> NUTRITIONAL SUPPLEMENT <u>NAT</u> *** (STOCK) *** 07/02/08 R13926476	<u>[Signature]</u> Date: <u>7/28/08</u> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <input type="checkbox"/>
↑	PAROXETINE 20MG TABLET <u>40mg</u> 1 TAB BY MOUTH DAILY FOR <u>we NAT</u> DEPRESSION <u>NAT</u> 02/01/08 R13925674	Dispense As Written

DIAGNOSIS / ICD9 CODE	ALLERGY	REVIEW DATE
RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	NO KNOWN ALLERGIES	07/16/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER		07/06/08
MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, Staten Island, NY, 10306		

RESIDENT NAME	ADMITTED	RESIDENT #	PAGE
KARRON, MARION (771)	01/21/08		1 OF 4

SILVERLAKE-KARRON-000577

PHYSICIAN'S ORDER FORM

SILVER LAKE

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #		UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISSION
KARRON, MARION (771)		1B	130	A	06/06/30	F	01/21/08

D/C	MEDICATION ORDERS	OTHER ORDERS
	PREDNISONE 10MG TABLET 1 TAB BY MOUTH DAILY FOR COPD <i>via NGT</i> 04/02/08 R13629994	T3, T4, TSH EVERY 3 MONTHS 7-8 RESTRAINTS: NONE
	PREVACID SOLUTAB 30MG TAB LIN DR 1 TAB BY MOUTH DAILY FOR GERD **DISSOLVE ON TONGUE OR IN MOUTH** <i>via NGT</i> 01/21/08 R13925688	HANDMITTENS AT ALL TIMES RELEASE EVERY 2 HOURS X 15MINS FOR ROM AND HYGIENE HAND MITTENS RELEASE EVERY 2 HOURS AND AS NEEDED FOR ROM AND HYGIENE
	SENNA TABLET 2 TABS BY MOUTH DAILY FOR CONSTIPATION *** (STOCK) *** <i>via NGT</i> 01/21/08 R13236699	
	VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE) 1 TAB BY MOUTH DAILY FOR ETOH <i>via NGT</i> 01/21/08 R13925692	
	CITRUS CALCIUM 200MG TABLET (S/F: CITRACAL PETITES + VIT D) 2 TABS BY MOUTH TWICE DAILY FOR OSTEOPOROSIS *** (STOCK) *** <i>NGT</i> 03/07/08 R13462807	
	HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) SUBCUTANEDUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS 01/21/08 R13236807	PREPARED BY: _____ DATE: _____ TIME: _____ PICKED UP BY: <i>hmc</i> DATE: <i>7/7/08</i> TIME: <i>3</i> VERIFIED BY: <i>hmc</i> DATE: <i>6/8/08</i> TIME: _____ VERIFIED BY: _____ DATE: _____ TIME: _____ NURSE'S REVIEW: _____ TIME: _____
	OXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB BY MOUTH EVERY 8 HOURS AS NEEDED <i>NGT</i> TRIPLICATE REQUIRED 01/23/08 R13242588	<div style="text-align: right;"> Signature: Date: <i>7/27/08</i> </div> <div style="text-align: center;"> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> </div>
	LORAZEPAM 1MG TABLET (S/F: ATIVAN) 1 TAB VIA NG -TUBE EVERY 6 HOURS AS NEEDED FOR ANXIETY TRIPLICATE REQUIRED 04/16/08 R13559544	

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 07/16/08 07/06/08
--	-------------------------------	---

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HILAN BLVD, STATEN ISLAND, NY, 10306	
---	--

RESIDENT NAME KARRON, MARION (771)	ADMITTED 01/21/08	RESIDENT #
---------------------------------------	----------------------	--------------------

PAGE
 2 OF 4

SILVERLAKE-KARRON-000578

PHYSICIAN'S ORDER FORM

SILVER LAKE

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #	UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISSION
KARRON, MARION (771)	1B	130	A	06/06/30	F	01/21/08

D/C	MEDICATION ORDERS	OTHER ORDERS
	ACETAMINOPHEN 160MG/5ML ELIXIR (S/F: ZY-TYLENOL) 20ML (640MG) BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 *** (STOCK) *** <i>on NGT</i> 01/21/08 R13236795	
	FLEET 19G-7G/118 ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) *** (STOCK) *** 01/21/08 R13236804	
	IPRATROPIUM BROM (62.5ML/BOX) 0.2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 01/23/08 R13633056	
	ALBUTEROL 0.083% (75ML/BOX) 0.83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 01/23/08 R13242825	
	PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN <i>on NGT</i> 01/21/08 A4584904	
	O2 SAT WITH VENTILATOR MONITORING AND PRN <i>on 7/29/08</i>	PREPARED BY: <i>hmc/male</i> DATE: <i>7/28/08</i> TIME: <i>3</i> PICKED UP BY: <i>hmc</i> DATE: <i>7/28/08</i> TIME: <i>4</i> VERIFIED BY: <i>hmc</i> DATE: <i>7/28/08</i> TIME: <i>4</i> VERIFIED BY: <i>hmc</i> DATE: <i>7/28/08</i> TIME: <i>4</i> NURSE'S REVIEW: _____ TIME: _____
	ETCO2 QM AND PRN	Signature: <i>[Signature]</i> Date: <i>7/28/08</i> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> Dispense As Written

DIAGNOSIS / ICD9 CODE	ALLERGY	REVIEW DATE
RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	NO KNOWN ALLERGIES	07/16/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER		07/06/08
MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, STATEN ISLAND, NY, 10306		

SILVERLAKE-KARRON-000579

ORDER FORM

SILVER LAKE

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #		UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMIS
KARRON, MARION (771)		1B	130	A	06/06/30	F	01/21/08
D/C	MEDICATION ORDERS		OTHER ORDERS				
	TRACH CARE QS AND PRN						
	TRACHEAL SUCTIONING QS AND PRN						
	CHANGE INNER CANNULA QD AND PRN						
	PNV WITH FAMILY ONLY						
	RESPIRATORY: VENTILATOR SETTINGS: VT: 500 RR: 14 16 MODE: AC FIO2: 45-55% 35-45% OTHER:						
	NGT feeding: pulmo case 250 cc q 4hrs - by gravity H2O flush 100 cc q 4hrs. Semi-Roulers position. 10 cc q H2O to each med.		<p>PREPARED BY: <u>hmcDonald</u> DATE: <u>7/28/08</u> TIME: <u>23</u></p> <p>PICKED UP BY: <u>hmcDonald</u> DATE: <u>7/28/08</u> TIME: <u>34</u></p> <p>VERIFIED BY: _____ DATE: _____ TIME: _____</p> <p>VERIFIED BY: _____ DATE: _____ TIME: _____</p> <p>NURSE'S REVIEW: _____ TIME: _____</p> <p>Signature: <u>[Signature]</u> Date: <u>7/28/08</u></p> <p>THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW</p> <p><input type="checkbox"/></p> <p>Dispense As Written</p>				

DIAGNOSIS / ICD9 CODE	ALLERGY	REVIEW DATE
RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	NO KNOWN ALLERGIES	07/16/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER		07/06/08
MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, Staten Island, NY, 10306		
RESIDENT NAME	ADMITTED	PAGE
KARRON, MARION (771)	01/21/08	4 OF

SILVERLAKE-KARRON-000580



Please place a checkmark in the box marked Faxed to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
FACILITY:		ROOM #:	DOCTOR'S NAME
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"		NURSING PERSONNEL SIGNATURE	
DATE	TIME		
7/18/08	0958	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>	
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Check here if faxed. Enter time. <div style="border: 1px solid black; padding: 2px;"> AM <input type="checkbox"/> PM <input type="checkbox"/> </div> </div> </div>			

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000581



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		130A	Dr. McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
8/13/08		① T/p Dr. McCarthy 12 hours Stool for C. diff x3 Continue c silvadene cream to sacrum p.v.s Wash q shift - stage II	Dr. McCarthy 8/13/08
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE
DATE	TIME		
8/15/08	10 ⁰⁰	② HC Pulmocare Δ to peristaltic 200cc q6h c 1500cc H ₂ O Flush 100cc 100cc via NGT	Dr. McCarthy 8/15/08
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE
DATE	TIME		
8/20/08		③ Apply Bacitracin oint to skin tears on ① hand p.v.s wash Bid x 10 days Total 1000mg RN	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000582



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron		Marion	
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		130A	Dr. McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
8/3/08	18	① T/Dr McCarthy → Dr. Nelson Flagyl 500mg q/t q8h x7 days - C-ly	
		Check here if faxed. Enter time. → AM <input type="checkbox"/> PM <input type="checkbox"/>	
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	DISPENSE AS WRITTEN <input type="checkbox"/>
		SIGNATURE	DATE
DATE	TIME		
8/8/08	1040	② Quetron 4m Patch = 8oz H2O q/1h over 2 weeks 8/8/08 8/8/08	
		Check here if faxed. Enter time. → AM <input type="checkbox"/> PM <input type="checkbox"/>	
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	DISPENSE AS WRITTEN <input type="checkbox"/>
		SIGNATURE	DATE
DATE	TIME		
8/11/08	1400	③ Silver Lake Dressing apply to L leg with PDR twice daily 8/11/08 8/11/08	
		Check here if faxed. Enter time. → AM <input type="checkbox"/> PM <input type="checkbox"/>	
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	DISPENSE AS WRITTEN <input type="checkbox"/>
		SIGNATURE	DATE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000583

PHYSICIAN'S
ORDER FORM

SILVER LAKE

SHORE PHARMACEUTI

RESIDENT NAME & MEDICAL RECORD #

UNIT

ROOM

BED

DATE OF BIRTH

SEX

DATE OF ADMISSION

KARRON, MARION (771)

1B

130

A

06/06/30

F

01/21/0

MEDICATION ORDERS

OTHER ORDERS

BLOOD PRESSURE AND WTS EVERY WEEK

DELIVERY DATE 8/27 START DATE 8/28/08

ADVANCE DIRECTIVES:

****DO NOT RESUSCITATE****

NON HOSPITAL ****DO NOT RESUSCITATE****

DIET:

REGULAR

ACTIVITIES:

AS TOLERATED

THERAPY:

PT ANNUAL 3-9

OT ANNUAL 3-9

ST. ANNUAL 3-9

FLOOR PROGRAMS:

PROM TO UPPER AND LOWER EXTREMITIES
5-REPS EVERY SHIFT

LABORATORY:

YEARLY H&P DUE 1-9

CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08

PREPARED BY: G DATE: 8/25/08 TIME: 23
PICKED UP BY: fractal DATE: 8/25/08 TIME: 3
VERIFIED BY: gwp DATE: 8/25/08 TIME: 4
VERIFIED BY: gwp DATE: 8/25/08 TIME: 4
NURSE'S REVIEW: gwp DATE: 8/25/08 TIME: 4

[Signature]
Signature

Date: 8/25/08

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

CONTINUED NEXT PAGE

DIAGNOSIS / ICD9 CODE

ALLERGY

REVIEW DATE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

NO KNOWN ALLERGIES

08/13/08

8/25/08

08/04/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan BLVD², STATEN ISLAND, NY, 10306

RESIDENT NAME

ADMITTED

RESIDENT #

PAGE

KARRON, MARION (771)

01/21/08

1 OF

SILVERLAKE-KARRON-000584

PHYSICIAN'S
ORDER FORM

SILVER LAKE

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

UNIT

ROOM

BED

DATE OF BIRTH

SEX

DATE OF ADMISSION

KARRON, MARION (771)

1B

130

A

06/06/30

F

01/21/08

D/C MEDICATION ORDERS

OTHER ORDERS

PREDNISONE 10MG TABLET
1 TAB VIA NASAL GASTRIC TUBE
DAILY FOR COPD

04/02/08 R13629994

PREVACID SOLUTAB 30MG TAB LIN DR
1 TAB VIA NASAL GASTRIC TUBE
DAILY FOR GERD **DISSOLVE ON
TONGUE OR IN MOUTH**

01/21/08 R13925688

SENNA TABLET
2 TABS VIA NASAL GASTRIC TUBE
DAILY FOR CONSTIPATION
*** (STOCK) ***

01/21/08 R13236699

**VITAMIN B-1 (THIAMINE) 100MG
TABLET (S/F: THIAMINE)**
1 TAB VIA NASAL GASTRIC TUBE
DAILY FOR ETOH

01/21/08 R13925692

**CITRUS CALCIUM 200MG TABLET (S/F:
CITRACAL PETITES + VIT D)**
2 TABS VIA NASAL GASTRIC TUBE
TWICE DAILY FOR OSTEOPOROSIS
*** (STOCK) ***

03/07/08 R13462807

HEPARIN SODIUM 5000 UNITS/ML VIAL
INJECT 1ML (5000UNITS)
SUBCUTANEOUSLY EVERY 12 HOURS FOR
DVT PROPHYLAXIS

01/21/08 R13236807

**OXYCODONE/APAP 5MG/325MG TABLET
(S/F: PERCOCET)**
1 TAB VIA NASAL GASTRIC TUBE
EVERY 8 HOURS AS NEEDED
TRIPLICATE REQUIRED

01/23/08 R13242588

*Questrom 4gm packet in
8028 g H2O 9/12/08 gmc vort
@ 10am & 10pm
8/26/08*

T3, T4, TSH EVERY 3 MONTHS 7-8

RESTRAINTS:

NONE

HAND MITTENS RELEASE EVERY 2 HOURS AND
NEEDED FOR ROM AND HYGIENE

*Peg placement on 9/11/08
NPO T.M.N on 9/10/08 - night*

PREPARED BY: [Signature] DATE: 8/27/08 TIME: 3:00
PICKED UP BY: [Signature] DATE: 8/27/08 TIME: 3:00
VERIFIED BY: [Signature] DATE: 8/27/08 TIME: 3:00
VERIFIED BY: [Signature] DATE: 8/27/08 TIME: 3:00
NURSE'S REVIEW: _____ TIME: _____

[Signature]
Signature

Date: 8/27/08

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

08/13/08

08/04/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (771)

ADMITTED

01/21/08

RESIDENT #

PAGE

2 OF

SILVERLAKE-KARRON-000585

ORDER FORM

SILVER LAKE

SHORE PHARMACEUTI

RESIDENT NAME & MEDICAL RECORD #

UNIT

ROOM

BED

DATE OF BIRTH

SEX

DATE OF ADMISSION

KARRON, MARION (771)

1B

130

A

06/06/30

F

01/21/08

D/C MEDICATION ORDERS

OTHER ORDERS

LORAZEPAM 1MG TABLET (S/F: ATIVAN)
CRUSH AND GIVE 1 TAB VIA G-TUBE
EVERY 6 HOURS AS NEEDED
(MDD=4)
TRIPLICATE REQUIRED

07/09/08 R13954595

ACETAMINOPHEN 160MG/5ML ELIXIR
(S/F: ZY-TYLENOL)
20ML (640MG) BY MOUTH EVERY 4
HOURS AS NEEDED FOR PAIN OR TEMP
>100.5 *** (STOCK) ***

01/21/08 R13236795

APPLY BACITRACIN OINTMENT TO SKIN
TEAR ON RIGHT LEG WITH DRY
STERILE DRESSING TWICE DAILY

07/04/08 A4812544

08/14/08 **SILVER SULFADIAZINE 1% CREAM**
(S/F: SILVADENE)

APPLY CREAM TO SACRAL EXCORIATION
AFTER NORMAL SALINE WASH EVERY
SHIFT FOR 14 DAYS

07/31/08 R14047457

FLEET 190-70/118 ENEMA
INSERT 1 RECTALLY EVERY 3 DAYS AS
NEEDED IF NO BOWEL MOVEMENT(S)
*** (STOCK) ***

01/21/08 R13236804

IPRATROPIUM BROM (62.5ML/BOX)
0.2MG/1ML SOLUTION
1 UNIT DOSE VIA NEBULIZER EVERY 4
HOURS FOR COPD

01/23/08 R14016764

ALBUTEROL 0.083% (75ML/BOX)
0.83MG/1ML SOLUTION
1 UNIT DOSE VIA NEBULIZER EVERY 4
HOURS AS NEEDED FOR WHEEZING

01/23/08 R13954595

PREPARED BY: BCD mcd DATE: 8/2/08 TIME: 12
PICKED UP BY: goy DATE: 8/2/08 TIME: 12
VERIFIED BY: goy DATE: 8/2/08 TIME: 12
VERIFIED BY: goy DATE: 8/2/08 TIME: 12
NURSE'S REVIEW: _____ TIME: _____

Daw
Signature

Date: 8/2/08

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

08/13/08

08/04/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800
3109 Hylan Blvd, Staten Island, NY, 10306

RESIDENT NAME

KARRON, MARION (771)

ADMITTED

01/21/08

RESIDENT #

PAGE

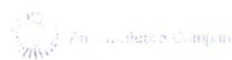
3 OF

SILVERLAKE-KARRON-000586

PHYSICIAN'S ORDER FORM

SILVER LAKE

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #	UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISSION
KARRON, MARION (771)	1B	130	A	06/06/30	F	01/21/08

D/C	MEDICATION ORDERS	OTHER ORDERS
	<p>PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN</p> <p>01/21/08 A4584904</p>	
	<p>GTUBE FEEDS OF PULMOCARE <i>Pershire</i> 250ML Q4H WITH H2O FLUSH <i>96hrs by gravity</i> OF 100ML Q4H ON ENTERAL PUMP AT 75ML/HR <i>150cc H2O flush 96hrs</i></p> <p>TOTAL CALORIES:</p> <p>TOTAL ML:</p>	
	<p>POSITION SEMI FOWLERS</p> <p>REASON: NUTRITIONAL SUPPORT</p> <p>07/28/08 A4843445</p> <p><i>Selvadene cr dressing to R Leg BID p rls wash</i></p>	
	<p>O2 SAT WITH VENTILATOR</p> <p>MONITORING AND PRN</p>	
	<p>ETCO2 QM AND PRN</p>	<p>PREPARED BY: <i>Y</i> DATE: <i>8/25</i> TIME: <i>23</i></p> <p>PICKED UP BY: <i>McDermott</i> DATE: <i>8/25</i> TIME: <i>3</i></p> <p>VERIFIED BY: <i>Y</i> DATE: <i>8/25</i> TIME: <i>4</i></p> <p>VERIFIED BY: DATE: TIME:</p> <p>NURSE'S REVIEW: DATE: TIME:</p>
	<p>TRACH CARE QS AND PRN</p>	<p><i>Signature</i> Date: <i>8/25/08</i></p> <p>THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW</p> <p><input type="checkbox"/></p> <p>Dispense As Written</p>
	<p>TRACHEAL SUCTIONING QS AND PRN</p> <p><i>on 8/26/08</i></p>	

<p>DIAGNOSIS / ICD9 CODE</p> <p>RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF</p>	<p>ALLERGY</p> <p>NO KNOWN ALLERGIES</p>	<p>REVIEW DATE</p> <p>08/13/08</p> <p>08/04/08</p>
<p>PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER</p> <p>MARTIN KLAHR (BK0701157) 718-447-7800</p> <p>3109 Hylan Blvd², STATEN ISLAND, NY, 10306</p>		

SILVERLAKE-KARRON-000587

SHORE PHARMACEUTI

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 08/13/08 8/20/08
	PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd ² , STATEN ISLAND, NY, 10306	08/04/08
RESIDENT NAME KARRON, MARION (771)	ADMITTED 01/21/08	RESIDENT # PAGE 5

SILVERLAKE-KARRON-000588



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron	Maur		NKA
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		130A	DR McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
8/29/08	0930	① - repeat KUB (Klo Jans) 8/29/08 11:00 AM 8/29/08 8/29/08 Check here if faxed. Enter time. AM <input type="checkbox"/> PM <input type="checkbox"/>	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE DATE
		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	8/29/08
DATE	TIME		
8/29/08	7:30 PM	② T.O. Dr. McCarthy X ray in Rm - Chest for NGT Placement Hold meds until result of X-ray 8/29/08 Check here if faxed. Enter time. AM <input type="checkbox"/> PM <input type="checkbox"/>	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE DATE
		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	8/29/08
DATE	TIME		
9/1/08	0900	③ AC IVU 9/1/08 9/1/08 Check here if faxed. Enter time. AM <input type="checkbox"/> PM <input type="checkbox"/>	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE DATE
		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	9/1/08

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000589



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron	Manion		NKIA
FACILITY:		ROOM #:	DOCTOR'S NAME
SLC		130A	McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
8/28/08	12:00pm	① T/O Dr. Poirier / Rod Mill R	
		X-Ray - Abdomen / Chest for	
		N6T Placement	
			Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
8/28/08	12:00	② T/O Dr. Poirier / Rod Mill R	
		IVF D5 1/2 NS @ 1Ltr Q 12h	
		till results of X-Ray	
			Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
8/28	6:30pm	③ Dr. McCarthy X-Ray	
		Repeat CXR in Am	
			Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000590



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:			ALLERGIES:		
LAST	KARRON		FIRST	Marion	MI
FACILITY:	SLSCC		ROOM #:	130A	
DOCTOR'S NAME					Dr. McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"					NURSING PERSONNEL SIGNATURE
DATE	TIME	①	T/abr McCarthy → X Nessel Δ Questrom		
9/2/08	9A				
Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM					
NAME-PRINT			THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		
			DISPENSE AS WRITTEN		
			SIGNATURE		
			DATE		
DATE	TIME	②	Δ Diproal XL to metoprolol 50mg po q 12 ^h S.T eval for swallowing		
9/3/08	1000				
Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM					
NAME-PRINT			THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		
			DISPENSE AS WRITTEN		
			SIGNATURE		
			DATE		
DATE	TIME	③	↓ Metoprolol 25, 1/16-1/18 Hm 9/15/08 9/3/08		
9/3/08	1030				
Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM					
NAME-PRINT			THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		
			DISPENSE AS WRITTEN		
			SIGNATURE		
			DATE		

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000591



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron	Manson		N/K
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		130A	D. M. McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
9/9/08		① D/C Speech & Swallow	
BMC [signature] 9/9/08			
		<input checked="" type="checkbox"/> Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	
DATE	TIME		
9/10/08	1000	② NPO p midnight	
		<input type="checkbox"/> Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	
DATE	TIME		
		③	
		<input type="checkbox"/> Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000592

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
FACILITY:		ROOM #:	DOCTOR'S NAME
Karron		130A	NKA Dr. M. Carthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
9/11/08		① To Dr. M. Carthy / Hushu	
		① NPO for 24hrs s/p peg tube placement	
		② Do not use G.T for 24hrs do not clamp the tube	
		③ Change G.T drug daily - clean NS	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
		② IVF 85 1/2 NS T1tr q 12hr x 24hrs	
		⑤ Start G.T feeding by 12N on 9/12/08	
		H2O 50% / hr via pump x 4hrs, if tolerated	
		Start feeding - Peristaltic 250ml q 6hr	
		to run 65% / hr - 150cc H2O Flush q 6hrs	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
		③ Give all meds via peg tube.	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000593



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron	Mannon		NKA
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		130A	D. McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
9/14/08	10 th	① T/Dr McCarthy → X/lessa Warm Soaks 2x each shift Keflex 500mg q12h x14 days (cellulitis GTS)	p. mannon 9/14/08
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
			DATE
DATE	TIME		
9/15/08		② Azithromycin 500mg via G-tube 12-1st dose then AM GI consult - ? Inlet G-tube site CBL - Nodules PIC Keflex	J. L. L. L. 9/15/08
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
			DATE
DATE	TIME		
9/17/08	8:10	③ - PIC Azithromycin - Unasyn 1.5gr IVPB q6h x 10 days - please culture G-Tube site	p. mannon 9/17/08 X/lessa
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
			DATE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000594



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		130A	McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
9/19/08	9A	① T. McCarthy → H. Nesson Cont' Warm Soaks GT site (Abscess) QS then apply Maalox Bussing QS Cleanse with skin tears w/ S apply bacitracin oint QS x 4 days	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
			9/19/08
DATE	TIME		
9/22/08		② D/L V. Nesson - Residual in Cult Cefotax 1gm IVPB q 12x/day Cellulitis GT site	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
			9/22/08
DATE	TIME		
9/22		③ C/S of Reg site - Bacitracin topical to site q 8h	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
			9/22/08

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000595

**PHYSICIAN'S
ORDER FORM**

FACILITY
SILVER LAKE

PHARMACY
SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771)		UNIT 1B	ROOM 130	BED A	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 01/21/08
--	--	------------	-------------	----------	---------------------------	----------	-------------------------------

D/C	MEDICATION ORDERS BLOOD PRESSURE AND WTS EVERY WEEK <i>Metoprolol 25mg wa-Peg q 12 hrs HTN</i> 01/21/08 A4584901		OTHER ORDERS DELIVERY DATE <u>9/24</u> START DATE <u>9/25/08</u>	
	LEVOTHYROXINE SODIUM 150MCG TABLET (S/F: SYNTHROID) 1 TAB VIA NASAL GASTRIC TUBE AT 5AM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FROM CALCIUM** 01/21/08 R13925664		ADVANCE DIRECTIVES: **DO NOT RESUSCITATE** NON HOSPITAL **DO NOT RESUSCITATE** DIET: REGULAR	
	PAROXETINE HCL 40MG TABLET 1 TAB VIA NASAL GASTRIC TUBE EVERY 24 HOURS FOR DEPRESSION 07/16/08 R13982930		AS TOLERATED PT ANNUAL 3-9 OT ANNUAL 3-9 ST. ANNUAL 3-9	
	RISPERIDONE 0.5MG TABLET 1 TAB VIA NASAL GASTRIC TUBE AT BEDTIME FOR PSYCHOSIS CHECK & RECORD ORTHOSTATIC BP WEEKLY 07/02/08 R13927473		THERAPY: FLOOR PROGRAMS: PROM TO UPPER AND LOWER EXTREMITIES 5-REPS EVERY SHIFT	
	LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID) 1 TAB VIA NASAL GASTRIC TUBE DAILY AT 5AM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FROM CALCIUM** 01/21/08 R13925660		LABORATORY: YEARLY H&P DUE 1-7 CBC, CMP, STOOL GUIAC EVERY 3 MONTHS <u>4-08</u>	
	MAGNESIUM OXIDE 400MG TABLET 1 TAB VIA NASAL GASTRIC TUBE DAILY FOR HYPOMAGNESIUM 01/21/08 R13798716		PREPARED BY: <u>[Signature]</u> DATE: <u>9/22</u> TIME: <u>7:30</u> PICKED UP BY: <u>[Signature]</u> DATE: <u>9/22</u> TIME: <u>7:30</u> VERIFIED BY: <u>[Signature]</u> DATE: <u>9/22</u> TIME: <u>7:30</u> VERIFIED BY: <u>[Signature]</u> DATE: <u>9/22</u> TIME: <u>7:30</u> NURSE'S REVIEW: _____ TIME: _____	
	METOPROLOL ER 50MG TAB SR 24H (S/F: TOPROL XL) 1 TAB VIA NASAL GASTRIC TUBE DAILY FOR HYPERTENSION 01/21/08 R13798717		Signature: <u>[Signature]</u> Date: <u>9/22/08</u> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW	
	MULTIVIT/MINERALS (CERTAVITE) LIQUID 15ML VIA NASAL GASTRIC TUBE DAILY FOR NUTRITIONAL SUPPLEMENT SKIN TEAR 07/30/08 R14040944		Dispense As Written CONTINUED NEXT PAGE	

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 09/10/08 9/22/08 09/01/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, STATEN ISLAND, NY, 10306		
RESIDENT NAME KARRON, MARION (771)	ADMITTED 01/21/08	RESIDENT # PAGE 1 OF

SILVERLAKE-KARRON-000596

**PHYSICIAN'S
ORDER FORM**

FACILITY

SILVER LAKE

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771)		UNIT 1B	ROOM 130	BED A	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 01/21/08
D/C	MEDICATION ORDERS PREDNISONE 10MG TABLET 1 TAB VIA NASAL GASTRIC TUBE DAILY FOR COPD 04/02/08 R13629994			OTHER ORDERS T3, T4, TSH EVERY 3 MONTHS 7/8 12/08 RESTRAINTS: NONE HAND MITTENS RELEASE EVERY 2 HOURS AND NEEDED FOR ROM AND HYGIENE			
	PREVACID SOLUTAB 30MG TAB LIN DR 1 TAB VIA NASAL GASTRIC TUBE DAILY FOR GERD **DISSOLVE ON TONGUE OR IN MOUTH** 01/21/08 R13925688						
	SENNA TABLET 2 TABS VIA NASAL GASTRIC TUBE DAILY FOR CONSTIPATION *** (STOCK) *** 01/21/08 R13236699						
	VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE) 1 TAB VIA NASAL GASTRIC TUBE DAILY FOR ETOH 01/21/08 R13925692						
	CHOLESTYRAMINE 4GM PACKET (S/F: QUESTRAN) 1 PACKET MIX WITH 8OZ OF WATER VIA G-TUBE EVERY 12 HOURS 08/08/08 R14080900						
	CITRUS CALCIUM 200MG TABLET (S/F: CITRACAL PETITES + VIT D) 2 TABS VIA NASAL GASTRIC TUBE TWICE DAILY FOR OSTEOPOROSIS *** (STOCK) *** 03/07/08 R13462807			PREPARED BY: <u>[Signature]</u> DATE: <u>9/2</u> TIME: <u>13</u> PICKED UP BY: <u>[Signature]</u> DATE: <u>9/2</u> TIME: <u>3</u> VERIFIED BY: <u>[Signature]</u> DATE: <u>9/2</u> TIME: <u>7</u> VERIFIED BY: <u>[Signature]</u> DATE: <u>9/2</u> TIME: <u>7</u> NURSE'S REVIEW: _____ TIME: _____			
	HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS 01/21/08 R13236807			Signature: <u>[Signature]</u> Date: <u>9/20/08</u> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> Dispense As Written			
	OXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB VIA NASAL GASTRIC TUBE EVERY 8 HOURS AS NEEDED TRIPLICATE REQUIRED 01/23/08 R13242588						

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 09/10/08 09/01/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, STATEN ISLAND, NY, 10306		

SILVERLAKE-KARRON-000597

**PHYSICIAN'S
ORDER FORM**

FACILITY
SILVER LAKE

PHARMACY
SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771)	UNIT 1B	ROOM 130	BED A	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 01/21/08
---	-------------------	--------------------	-----------------	----------------------------------	-----------------	--------------------------------------

D/C	MEDICATION ORDERS	OTHER ORDERS
	OXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) CRUSH AND GIVE 1 TAB VIA G-TUBE EVERY 8 HOURS AS NEEDED (MDD=3)** CAUTION - APAP MAX DOSE 4GM/24HRS ** TRIPLICATE REQUIRED <i>Bactroban topical to per of leg 9/22/08</i> 08/20/08 R14128594	
	LORAZEPAM 1MG TABLET (S/F: ATIVAN) CRUSH AND GIVE 1 TAB VIA G-TUBE EVERY 6 HOURS AS NEEDED (MDD=4) TRIPLICATE REQUIRED	
	<i>Cefotetan 1 gram IV PB q12o x10 days 9/22/08</i> 07/09/08 R13954595	
	ACETAMINOPHEN 160MG/5ML ELIXIR (S/F: ZZ-TYLENOL) <i>leg tube</i> 20ML (640MG) BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 *** (STOCK) *** 01/21/08 R13236795	
	APPLY BACITRACIN OINTMENT TO SKIN TEAR ON RIGHT LEG WITH DRY STERILE DRESSING TWICE DAILY 07/04/08 A4812544	PREPARED BY: <i>[Signature]</i> DATE: <i>9/22/08</i> TIME: <i>1300</i> PICKED UP BY: <i>[Signature]</i> DATE: <i>9/22/08</i> TIME: <i>1300</i> VERIFIED BY: <i>[Signature]</i> DATE: <i>9/22/08</i> TIME: <i>1300</i> VERIFIED BY: <i>[Signature]</i> DATE: <i>9/22/08</i> TIME: <i>1300</i> NURSE'S REVIEW: _____ TIME: _____
	SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) APPLY TO LEFT LEG WITH NORMAL SALINE CLEANSE TWICE DAILY 08/12/08 R14091468	Signature: <i>[Signature]</i> Date: <i>9/22/08</i> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> Dispense As Written
	SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) AFTER NORMAL SALINE WASH APPLY TO SACRUM EVERY SHIFT FOR STG-II 08/14/08 R14106603	

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 09/10/08
		09/01/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800	ADMITTED 01/21/08	RESIDENT #	PAGE 3 OF 1
---	-----------------------------	------------	-----------------------

RESIDENT NAME
KARRON, MARION (771)

SILVERLAKE-KARRON-000598

**PHYSICIAN'S
ORDER FORM**

FACILITY

SILVER LAKE

PHARMACY

SHORE PHARMACEUTI



An Omnicare Company

RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771)	UNIT 1B	ROOM 130	BED A	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 01/21/08
--	------------	-------------	----------	---------------------------	----------	-------------------------------

D/C	MEDICATION ORDERS	OTHER ORDERS
	FLEET 19G-7G/11B ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) ****(STOCK)**** 01/21/08 R13236804	
	IPRATROPIUM BROM (62.5ML/BOX) 0.2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 01/23/08 R14016764	
	ALBUTEROL 0.083% (75ML/BOX) 0.83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 01/23/08 R13990649	
	PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN 01/21/08 A4584904	
	GTUBE FEEDS OF PERATIVE 250ML Q4H WITH H2O FLUSH OF 150ML Q4H ON ENTERAL PUMP AT 95ML/HR 65ccph, TOTAL CALORIES: TOTAL ML: POSITION SEMI FOWLERS REASON: NUTRITIONAL SUPPORT 08/15/08 A4843445	PREPARED BY: <u>[Signature]</u> DATE: <u>9/22/08</u> TIME: <u>73</u> PICKED UP BY: <u>[Signature]</u> DATE: <u>9/22/08</u> TIME: <u>3</u> VERIFIED BY: <u>[Signature]</u> DATE: <u>9/22/08</u> TIME: <u>15</u> VERIFIED BY: <u>[Signature]</u> DATE: <u>9/22/08</u> TIME: <u>15</u> NURSE'S REVIEW: _____ TIME: _____
	Metoprolol 25mg BID & Hibe 8/12/08 Double entry 9/11/08 02 SAT WITH VENTILATOR MONITORING AND PRN as	Signature: <u>[Signature]</u> Date: <u>9/22/08</u> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> Dispense As Written

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 09/10/08 09/01/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, STATEN ISLAND, NY, 10306		

RESIDENT NAME KARRON, MARION (771)	ADMITTED 01/21/08	RESIDENT #	PAGE 4 OF
---------------------------------------	----------------------	------------	--------------

SILVERLAKE-KARRON-000599

PHYSICIAN'S ORDER FORM

FACILITY
SILVER LAKE

PHARMACY
SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771)	UNIT 1B	ROOM 130	BED A	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 01/21/08
--	------------	-------------	----------	---------------------------	----------	-------------------------------

D/C	MEDICATION ORDERS	OTHER ORDERS
	ETCO2 QM AND PRN	
	TRACH CARE QS AND PRN	
	TRACHEAL SUCTIONING QS AND PRN	
	CHANGE INNER CANNULA QD AND PRN	
	PNV WITH FAMILY ONLY	
	RESPIRATORY: VENTILATOR SETTINGS: VT: 500 RR: 16 MODE: AC FIO2: 35-45% OTHER:	
	CBC, CMP, Stool sm/c	
	oropharyngeal cultures qd Empiric 9/25/08	

PREPARED BY: US DATE: 9/22 TIME: 23
 PICKED UP BY: US DATE: 9/22 TIME: 3
 VERIFIED BY: US DATE: 9/22 TIME: 4
 VERIFIED BY: US DATE: 9/22 TIME: 4
 NURSE'S REVIEW: _____ TIME: _____

Signature: [Signature] Date: 9/22/08

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 09/10/08 09/01/08
--	-------------------------------	---

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
MARTIN KLAHR (BK0701157) 718-447-7800
3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME KARRON, MARION (771)	ADMITTED 01/21/08	RESIDENT #	PAGE 5 OF
---------------------------------------	----------------------	------------	--------------

SILVERLAKE-KARRON-000600



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
FACILITY:		ROOM #:	DOCTOR'S NAME
SL59		1304	D. McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
9/27/08		① D. McCarthy (Hatched) (ASCP) Oropharyngeal Suction qshift & PR	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	
DATE	TIME		
9/28/08	1204	② CMP - Aspirin 100mg a Monday 9/28/08 Cimetidine 150mg	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	
DATE	TIME		
10/9/08	1200	③ T/O McCarthy → 4 Hatched perineal area Nystatin Cr → grow PPS wash qd Flu Vaccine 0.5mL IM x1	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000601



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
FACILITY:		ROOM #:	DOCTOR'S NAME
828a		130A	D. McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
10/13/08		① Tlo M. Brown PA / Hechumh D/C hand mittens	E. Mammone 10/13/08
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	
DATE	TIME		
10/15/08	1010	② - solmedrol 80mg IVPB x1 now - cck (pt 16huel) - CBC, CMP, BUN, UA + Urea C+S	E. Mammone 10/15/08
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	
DATE	TIME		
10/16/08	1010	③ Tlo M. Brown PA / Hechumh Jwebox 400mg IVPB q 10 days / RU Rociphen 150mg q 24hr x 10 days /	E. Mammone 10/16/08
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000602

PHYSICIAN'S
ORDER FORM

FACILITY

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (363)

UNIT

1BV

ROOM

130

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMIS

10/02/08

D/C

MEDICATION ORDERS

BLOOD PRESSURE AND WTS EVERY WEEK

01/21/08 A4916101

PAROXETINE HCL 40MG TABLET (S/F: PAXIL)

1 TAB CRUSH AND GIVE VIA ~~NASAL~~ GASTRIC TUBE EVERY 24 HOURS FOR DEPRESSION

10/02/08 R14296014

RISPERIDONE 0.5MG TABLET (S/F: RISPERDAL)

1 TAB CRUSH AND GIVE VIA ~~NASAL~~ GASTRIC TUBE AT BEDTIME FOR PSYCHOSIS
CHECK & RECORD ORTHOSTATIC BP WEEKLY

*Arvan 1mg wa q/T
060 p/n*

10/02/08 R14296015

LEVOTHYROXINE SODIUM 150MCG TABLET (S/F: SYNTHROID)

1 TAB CRUSH AND GIVE VIA ~~NASAL~~ GASTRIC TUBE DAILY AT 5AM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FROM CALCIUM** 10/02/08 R14296012

LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID)

1 TAB CRUSH AND GIVE ~~NASAL~~ GASTRIC TUBE DAILY AT 5AM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FROM CALCIUM** 10/02/08 R14296019

MAGNESIUM OXIDE 400MG TABLET

1 TAB CRUSH AND GIVE VIA NASAL GASTRIC TUBE DAILY FOR HYPOMAGNESIUM

10/02/08 R14296021

MULTIVIT/MINERALS (CERTAVITE) LIQUID

15 MLS VIA ~~NASAL~~ GASTRIC TUBE DAILY FOR NUTRITIONAL SUPPLEMENT SKIN TEAR ***STOCK***

10/02/08 R14296023

OTHER ORDERS

DELIVERY DATE 10/22 START DATE 10/23/08

ADVANCE DIRECTIVES:

DO NOT RESUSCITATE

NON HOSPITAL **DO NOT RESUSCITATE**

DIET:

REGULAR

ACTIVITIES:

AS TOLERATED

THERAPY:

PT ANNUAL 3-9

OT ANNUAL 3-9

ST. ANNUAL 3-9

FLOOR PROGRAMS:

PROM TO UPPER AND LOWER EXTREMITIES
5-REPS EVERY SHIFT

LABS:

YEARLY H&P DUE 1-9

CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08

PREPARED BY: Y DATE: 10/20 TIME: 7:30
PICKED UP BY: J. K. K. DATE: 10/20 TIME: 2
VERIFIED BY: J. K. K. DATE: 10/23 TIME: 10
VERIFIED BY: DATE: TIME:
NURSE'S REVIEW: TIME:

Signature

Date: 10/20/08

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW

Dispense As Written

CONTINUED NEXT PAGE

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

10/20/08

10/04/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 HYLAN BLVD², STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

10/02/08

RESIDENT #

PAGE

1 OF

SILVERLAKE-KARRON-000603

PHYSICIAN'S
ORDER FORM

FACILITY

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (363)

UNIT

1BY

ROOM

130

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMS:

10/02/0

D/C

MEDICATION ORDERS

PREDNISONE 10MG TABLET

1 TAB CRUSH AND GIVE VIA G-TUBE
DAILY FOR COPD

10/02/08 R14296025

PREVACID SOLUTAB 30MG TAB LIN DR

1 TAB VIA G-TUBE DAILY FOR GERD
**DISSOLVE ON TONGUE OR IN
MOUTH**

10/02/08 R14296028

SENNA TABLET

2 TABS VIA G-TUBE DAILY FOR
CONSTIPATION *** (STOCK) ***

10/02/08 R14296029

**VITAMIN B-1 (THIAMINE) 100MG
TABLET**

1 TAB VIA G-TUBE DAILY FOR ETOH

10/02/08 R14296030

CHOLESTYRAMINE 4GM PACKET

MIX 1 PACKET IN 8-OZ OF WATER
THEN GIVE VIA G-TUBE EVERY 12
HOURS

10/02/08 R14300208

CITRUS CALCIUM 200MG TABLET

2 TABS VIA G-TUBE TWICE DAILY FOR
OSTEOPOROSIS *** (STOCK) ***

10/02/08 R14296033

HEPARIN SODIUM 5000 UNITS/ML VIAL

INJECT 1ML (5000 UNITS)
SUBCUTANEOUSLY EVERY 12 HOURS FOR
DVT PROPHYLAXIS

10/02/08 R14296034

METOPROLOL 50MG TABLET

1 TAB CRUSH AND GIVE VIA G-TUBE
EVERY 12 HOURS FOR HYPERTENSION

10/02/08 R14296035

OTHER ORDERS

T3, T4, TSH EVERY 3 MONTHS ~~7-8~~ 10/08

RESTRAINTS:

NONE

HAND MITTENS RELEASE EVERY 2 HOURS AND
NEEDED FOR ROM AND HYGIENE

D/C'd

PREPARED BY: _____ DATE: _____ TIME: _____
PICKED UP BY: [Signature] DATE: 10/20 TIME: 11
VERIFIED BY: [Signature] DATE: 10/23 TIME: 11
VERIFIED BY: _____ DATE: _____ TIME: _____
NURSE'S REVIEW: _____ TIME: _____

[Signature]
Signature

Date: 10/20/08

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

10/20/08

10/04/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan BLVD, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

10/02/08

RESIDENT #

PAGE

2 OF

SILVERLAKE-KARRON-000604

PHYSICIAN'S
ORDER FORM

FACILITY

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (363)

UNIT

1BV

ROOM

130

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMIS:

10/02/08

D/C

MEDICATION ORDERS

OTHER ORDERS

METOPROLOL 25MG TABLET

1 TAB CRUSH AND GIVE VIA ~~NASAL~~
GASTRIC TUBE EVERY 12 HOURS

10/02/08 R14296037

MYLANTA GENERIC LIQUID (S/F: MYLANTA)

APPLY TO G-TUBE SITE ~~ADRESS~~ EVERY
SHIFT *** (STOCK) *** *P. N. S. W. A. S. H.*

10/02/08 R14296038

ACETAMINOPHEN 160MG/5ML ELIXIR

20 MLS (640MG) BY ~~MOUTH~~ EVERY 4 *leg tube*
HOURS AS NEEDED FOR PAIN OR TEMP
>100.5 *** (STOCK) *** ** CAUTION -
APAP MAX DOSE 4GM/24HRS **

10/02/08 R14296040

IPRATROPIUM BROM (62.5ML/BOX)

0.2MG/1ML SOLUTION

1 UNIT DOSE VIA NEBULIZER EVERY 4
HOURS FOR COPD

10/02/08 R14301595

ALBUTEROL 0.083% (75ML/BOX)

0.83MG/1ML SOLUTION

1 UNIT DOSE VIA NEBULIZER EVERY 4
HOURS AS NEEDED FOR WHEEZING

10/02/08 R14296047

PROSTAT 101 30ML IN 30ML WATER BY
~~MOUTH~~ THREE TIMES DAILY FOR

HYPOALBUMIN *via G-T*

01/21/08 A4916106

G-TUBE FEEDS OF PERATIVE
250ML *6h* WITH H2O FLUSH
OF 150ML *6h* ON ENTERAL
PUMP AT 95ML/HR

TOTAL CALORIES:

TOTAL ML: *1400 1300*

POSITION SEMI FOWLERS

REASON: NUTRITIONAL SUPPORT

08/15/08 A4916108

PREPARED BY: _____ DATE: _____ TIME: _____
PICKED UP BY: *J. H. Z. E. L. R. E.* DATE: *10/25* TIME: *11*
VERIFIED BY: _____ DATE: _____ TIME: _____
VERIFIED BY: _____ DATE: _____ TIME: _____
NURSE'S REVIEW: _____ TIME: _____

[Signature]

Signature

Date: *10/20/08*

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

10/20/08

10/04/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 HYLAN BLVD², STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

10/02/08

RESIDENT #

PAGE

3 OF

SILVERLAKE-KARRON-000605

PHYSICIAN'S
ORDER FORM

SILVER LAKE VENT

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (363)

UNIT

1BV

ROOM

130

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMIS:

10/02/0

D/C

MEDICATION ORDERS

OTHER ORDERS

APPLY BACITRACIN OINTMENT TO SKIN
TEAR ON RIGHT LEG WITH DRY
STERILE DRESSING TWICE DAILY

07/04/08 A4916102

MUPIROCI 2% OINT. (GM) (S/F:
BACTROBAN)
APPLY TOPICAL TO AFFECTED AREA(S)
EVERY SHIFT

10/02/08 R14296041

SILVER SULFADIAZINE 1% CREAM
(S/F: SILVADENE)
AFTER NORMAL SALINE WASH APPLY TO
SACRUM EVERY SHIFT FOR STG-2

10/02/08 R14300187

FLEET 190-70/118 ENEMA
INSERT 1-ENEMA RECTALLY EVERY 3
DAYS AS NEEDED IF NO BOWEL
MOVEMENT(S) *** (STOCK) ***

10/02/08 R14296044

~~Change g tube site~~
nts Q.S

O2 SAT WITH VENTILATOR
MONITORING AND PRN

PREPARED BY: _____ DATE: 10/20/08 TIME: 11:00
PICKED UP BY: _____ DATE: 10/20/08 TIME: 11:00
VERIFIED BY: Phoebe DATE: 10/20/08 TIME: 11:00
VERIFIED BY: _____ DATE: _____ TIME: _____
NURSE'S REVIEW: _____ TIME: _____

ETCO2 QM AND PRN

TRACH CARE QS AND PRN

Phoebe
Signature

Date: 10/20/08

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

10/20/08

10/04/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800
3109 Hylan BLVD, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

10/02/08

RESIDENT #

PAGE

4 of 4

SILVERLAKE-KARRON-000606

PHYSICIAN'S
ORDER FORM

FACILITY

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (363)	UNIT 1BV	ROOM 130	BED A	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMIS 10/02/08
--	-------------	-------------	----------	---------------------------	----------	---------------------------

D/C	MEDICATION ORDERS	OTHER ORDERS
	TRACHEAL SUCTIONING QS AND PRN <i>oropharyngeal suction qshift + PRN</i>	
	CHANGE INNER CANNULA QD AND PRN	
	PMV WITH FAMILY ONLY	
	RESPIRATORY: VENTILATOR SETTINGS: VT: 500 RR: 16 MODE: AC FIO2: 35-45% OTHER:	
	<i>T3, T4 TSH</i>	
	<i>Percocet 5/325 5 tabs q8hrs PRN for pain via GT</i>	
	<i>Apply mycstatin cream to groin rash</i>	
	<i>Avelox 400mg IVPB qd x 10 days RUB</i> <i>Rocephine Tgm IVPB q24hr x 10 days 10/16 - 10/26/08</i>	

PREPARED BY: _____ DATE: 10/20/08 TIME: 7:30
 PICKED UP BY: *[Signature]* DATE: 10/20/08 TIME: 7:30
 VERIFIED BY: *[Signature]* DATE: 10/20/08 TIME: 7:30
 VERIFIED BY: _____ DATE: _____ TIME: _____
 NURSE'S REVIEW: _____ DATE: _____ TIME: _____

[Signature]

Signature

Date: 10/20/08

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 10/20/08 10/04/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, STATEN ISLAND, NY, 10306		

RESIDENT NAME
KARRON, MARION (363)

ADMITTED
10/02/08

RESIDENT #

PAGE
5 OF 5

SILVERLAKE-KARRON-000607



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
KARRON	MARION		NKA
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSC		130A	Dr. McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
10/24/08	1015	① - CBC, CMP, HbA1c 10/24/08	10/24/08
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE DATE
			10/24/08
DATE	TIME		
10/24/08	1010	② - A Synthroid 200mcg po qd 240 Hypothyroidism - ✓ TFTs 11/24/08	10/24/08
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE DATE
			10/24/08
DATE	TIME		
10/29/08	1035	③ - CBC, CMP, HbA1c 10/30/08	10/29/08
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE DATE
			10/29/08

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000608



An Omnicare Company

Please place a checkmark in the box marked Faxed to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
FACILITY:		ROOM #:	DOCTOR'S NAME
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"		NURSING PERSONNEL SIGNATURE	
DATE	TIME		
10/31/08	11:00	CBL, BMP - 11/8/08	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	
DATE	TIME		
11/3/08	11:00	CBL, BMP - 11/9/08	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	
DATE	TIME		
11/12/08	09:00	- CBL, Iron studies 11/16/08 - ✓ stool for occult blood - scheduled 125mg IVP x1 - 203	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000609



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron		Mannon	NICIA
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		130A	Dom' carthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
11/12/08		① T/O Dr. McCarthy / Dechman CXR - R/L Pneumonia CBC, BMP	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
11/12/08		② T/O Dr. McCarthy / Smith - RV Avelox 400mg via G-Tube QD x 7 days Rocephin 1gm IV PB QD x 7 days	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
11/14/08		③ CBC 11/16/08	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000610

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (363)		UNIT 1BV	ROOM 130	BED A	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 10/02/08
D/C	MEDICATION ORDERS		OTHER ORDERS				
	BLOOD PRESSURE AND WTS EVERY WEEK 01/21/08 A4916101		DELIVERY DATE <u>11/19</u> START DATE <u>11/20/01</u>				
	SOLU-MEDROL 40MG/1ML VIAL INFUSE INTRAVENOUSLY SOLU-MEDROL BOMG/50ML IVPB IMMEDIATELY 10/15/08 R14347147		ADVANCE DIRECTIVES: **DO NOT RESUSCITATE** NON HOSPITAL **DO NOT RESUSCITATE** DIET: REGULAR				
	LEVOTHYROXINE SODIUM 200MCG TABLET (S/F: SYNTHROID) 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 24 HOURS **SEPARATE 2 HOURS FROM CALCIUM** <i>Hypothyroidism</i> 10/24/08 R14383477		ACTIVITIES: AS TOLERATED THERAPY: PT ANNUAL 3-9 OT ANNUAL 3-9 ST. ANNUAL 3-9				
	PAROXETINE HCL 40MG TABLET (S/F: PAXIL) 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 24 HOURS FOR DEPRESSION 10/02/08 R14370648		FLOOR PROGRAMS: FROM TO UPPER AND LOWER EXTREMITIES 5-REPS EVERY SHIFT				
	RISPERIDONE 0.5MG TABLET (S/F: RISPERDAL) 1 TAB CRUSH AND GIVE VIA NASAL GASTRIC TUBE AT BEDTIME FOR PSYCHOSIS CHECK & RECORD ORTHOSTATIC BP WEEKLY <i>Jabs Ativan Ingm Vicort q 6 PRN</i> 10/02/08 R14355083		LABS: YEARLY H&P DUE 1-9 CBC, CMP, STOOL GUIAC EVERY 3 MONTHS <u>1-9</u>				
	LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID) 1 TAB CRUSH AND GIVE G-TUBE DAILY AT 5AM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FROM CALCIUM** 10/02/08 R14370666		PREPARED BY: <u>[Signature]</u> DATE: <u>11/17/08</u> TIME: <u>23</u> PICKED UP BY: <u>[Signature]</u> DATE: <u>11/17/08</u> TIME: <u>23</u> VERIFIED BY: <u>[Signature]</u> DATE: <u>11/17/08</u> TIME: <u>23</u> VERIFIED BY: <u>[Signature]</u> DATE: <u>11/17/08</u> TIME: <u>23</u> NURSE'S REVIEW: _____ TIME: _____				
	MAGNESIUM OXIDE 400MG TABLET 1 TAB CRUSH AND GIVE VIA NASAL GASTRIC TUBE DAILY FOR HYPOMAGNESIUM 10/02/08 R14370669		Signature _____ Date: <u>11/17/08</u> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> Dispense As Written				

CONTINUED NEXT PAGE

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 11/17/08 11/01/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, STATEN ISLAND, NY, 10306		

SILVERLAKE-KARRON-000611

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (363)

UNIT

1BV

ROOM

130

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMISSION

10/02/08

D/C

MEDICATION ORDERS

OTHER ORDERS

**MULTIVIT/MINERALS (CERTAVITE)
LIQUID**

15 MLS VIA G-TUBE DAILY FOR
NUTRITIONAL SUPPLEMENT SKIN TEAR
*** (STOCK) ***

10/02/08 R14296023

T3, T4, TSH EVERY 3 MONTHS 10-8 # 1-01

RESTRAINTS:

NONE

PREDNISONE 10MG TABLET

1 TAB CRUSH AND GIVE VIA G-TUBE
DAILY FOR COPD

10/02/08 R14334255

**PREVACID SOLUTAB 30MG TAB RAP DR
(S/F: PREVACID SOLUTAB)**

1 TAB VIA G-TUBE DAILY FOR GERD
~~**DISSOLVE ON TONGUE OR IN
MOUTH**~~

10/02/08 R14370411

SENNA TABLET

2 TABS VIA G-TUBE DAILY FOR
CONSTIPATION *** (STOCK) ***

10/02/08 R14296029

**VITAMIN B-1 100MG TABLET (S/F:
VITAMIN B-1)**

1 TAB VIA G-TUBE DAILY FOR ETOH

10/02/08 R14370417

CHOLESTYRAMINE 4GM PACKET

MIX 1 PACKET IN 8-OZ OF WATER
THEN GIVE VIA G-TUBE EVERY 12
HOURS

10/02/08 R14300208

CITRUS CALCIUM 200MG TABLET

2 TABS VIA G-TUBE TWICE DAILY FOR
OSTEOPOROSIS *** (STOCK) ***

10/02/08 R14296033

HEPARIN SODIUM 5000 UNITS/ML VIAL

INJECT 1ML (5000 UNITS)
SUBCUTANEOUSLY EVERY 12 HOURS FOR
DVT PROPHYLAXIS

10/02/08 R14404307

PREPARED BY: W DATE: 10/2/08 TIME: 7:30
PICKED UP BY: pm DATE: 10/2/08 TIME: 3
VERIFIED BY: mezz DATE: 10/2/08 TIME: 1
NURSE'S REVIEW: mezz DATE: 10/2/08 TIME: 1

mezz
Signature

Date: 10/2/08

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

11/17/08

11/01/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

10/02/08

RESIDENT #

PAGE

2 of 2

SILVERLAKE-KARRON-000612

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (363)

UNIT

1BV

ROOM

130

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMIS

10/02/08

D/C

MEDICATION ORDERS

OTHER ORDERS

METOPROLOL 25MG TABLET

1 TAB CRUSH AND GIVE VIA G-TUBE
EVERY 12 HOURS *FTN*

10/02/08 R14370394

**MYLANTA GENERIC LIQUID (S/F:
MYLANTA)**

APPLY TO G-TUBE SITE ABCESS EVERY
SHIFT *** (STOCK) ***

10/02/08 R14296038

NYSTATIN 100000/G CREAM (GM)

APPLY TO GROIN AFTER CLEANSING
WITH NORMAL SALINE EVERY SHIFT

10/13/08 R14337520

**OXYCODONE/APAP 5MG/325MG TABLET
(S/F: PERCOCET)**

1 TAB VIA G-TUBE EVERY 8 HOURS **
CAUTION - APAP MAX DOSE 4GM/24HRS
**
TRIPLICATE REQUIRED *PR*

10/08/08 R14320348

ACETAMINOPHEN 160MG/5ML ELIXIR

20 MLS (640MG) VIA PEG TUBE EVERY
4 HOURS AS NEEDED FOR PAIN OR
TEMP >100.5 *** (STOCK) *** **
CAUTION - APAP MAX DOSE 4GM/24HRS
**
10/02/08 R14296040

**IPRATROPIUM BROM (62.5ML/BOX)
0.2MG/1ML SOLUTION**

1 UNIT DOSE VIA NEBULIZER EVERY 4
HOURS FOR COPD

10/02/08 R14301595

**ALBUTEROL 0.083% (75ML/BOX)
0.83MG/1ML SOLUTION**

1 UNIT DOSE VIA NEBULIZER EVERY 4
HOURS AS NEEDED FOR WHEEZING

10/02/08 R14354813

PREPARED BY: *W*

PICKED UP BY: *M*

VERIFIED BY: *pm*

VERIFIED BY: *ch*

NURSE'S REVIEW:

DATE: *11/17*

DATE: *11/17*

DATE: *11/17*

DATE: *11/17*

TIME: *2:3*

TIME: *3*

TIME: *4*

TIME: *5*

TIME: *6*

Signature

Date: *11/17*

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW

Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

11/17/08

11/01/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

10/02/08

RESIDENT #

PAGE

2 of 2

SILVERLAKE-KARRON-000613

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (363)

UNIT

1BY

ROOM

130

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMISSION

10/02/08

D/C

MEDICATION ORDERS

OTHER ORDERS

PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN

01/21/08 A4916106

GTUBE FEEDS OF PERATIVE 250ML Q4H WITH H2O FLUSH OF 150ML Q4H ON ENTERAL PUMP AT 95ML/HR
TOTAL CALORIES: 1950
TOTAL ML: 2400 ml

POSITION SEMI FOWLERS
REASON: NUTRITIONAL SUPPORT

08/15/08 A4916108

APPLY BACITRACIN OINTMENT TO SKIN TEAR ON RIGHT LEG WITH DRY STERILE DRESSING TWICE DAILY

07/04/08 A4916102

CLEANSE G-TUBE SITE WITH NORMAL SALINE EVERY SHIFT

10/20/08 A4938455

SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE)
AFTER NORMAL SALINE WASH APPLY TO SACRUM EVERY SHIFT FOR STG-2

10/02/08 R14300187

FLEET 19G-7G/118 ENEMA
INSERT 1-ENEMA RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) *** (STOCK) ***

10/02/08 R14296044

PREPARED BY: W DATE: 10/23 TIME: 13
PICKED UP BY: M DATE: 10/23 TIME: 13
VERIFIED BY: Phazyn DATE: 10/23 TIME: 13
NURSE'S REVIEW: 10/23 TIME: 13

Signature: [Signature] Date: 10/23
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "dow" IN THE BOX BELOW

Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

11/17/08

11/01/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800
3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

10/02/08

RESIDENT #

PAGE

4 OF

SILVERLAKE-KARRON-000614

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI



An Olan Mills Co.

RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (363)

UNIT

1BV

ROOM

130

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMIS:

10/02/0

D/C

MEDICATION ORDERS

OTHER ORDERS

O2 SAT WITH VENTILATOR

MONITORING AND PRN

QS

ETCO2 QM AND PRN

TRACH CARE QS AND PRN

TRACHEAL SUCTIONING QS AND PRN

CHANGE INNER CANNULA
QD AND PRN

PNP WITH FAMILY ONLY

PNP

RESPIRATORY:

VENTILATOR SETTINGS:

VT: 500 RR: 16

MODE: AC FIO2: 35-45%

OTHER:

ORAL PHARANGIAL SUCTIONING
QS AND PRN

PREPARED BY: ly DATE: 11/17 TIME: 2:3
PICKED UP BY: Bm DATE: 11/17 TIME: 2
VERIFIED BY: Bm DATE: 11/17 TIME: 1
VERIFIED BY: Bm DATE: 11/17 TIME: 1
NURSE'S REVIEW: _____ TIME: _____

Signature

Date:

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW

Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

11/17/08

11/01/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan BLVD, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

10/02/08

RESIDENT #

PAGE

5 of 5

SILVERLAKE-KARRON-000615



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron	Marron		
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		130A	Dr. McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
11/19/08	0920	① - CXR → Flu M RUL pneumonia E. membran 11/19/08	
		<input type="checkbox"/> Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM	
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	DISPENSE AS WRITTEN
		SIGNATURE <i>[Signature]</i> 11/19/08 DATE	
DATE	TIME		
11/20/08		② T/O Dr. McCarthy / Lthahua E. membran 11/20/08	
		Avelox 400mg IVPB qd x 10 days RUC pneumonia	
		Maxiprone Tjn IVPB q12hr x 10 days RUC pneumonia	
		<input type="checkbox"/> Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM	
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	DISPENSE AS WRITTEN
		SIGNATURE <i>[Signature]</i> DATE	
DATE	TIME		
11/21/08	0920	③ - D/C All Adv 11/21/08	
		- ✓ CBC 11/23/08	
		<input type="checkbox"/> Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM	
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	DISPENSE AS WRITTEN
		SIGNATURE <i>[Signature]</i> 11/21/08 DATE	

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

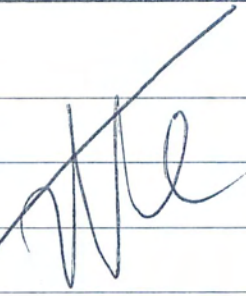

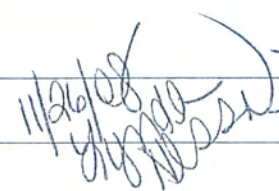

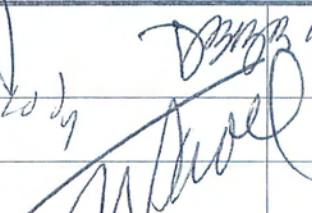



SILVERLAKE-KARRON-000616

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:			ALLERGIES:		
LAST	Karron		FIRST	Marron	
FACILITY:			ROOM #:		DOCTOR'S NAME
SLSC			130A		
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"					NURSING PERSONNEL SIGNATURE
DATE	TIME	①			
11/24/08	1230	CBL	 Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM 11/24/08		
NAME-PRINT			THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX <input type="checkbox"/> DISPENSE AS WRITTEN SIGNATURE  DATE		
DATE	TIME	②			
11/26/08	0950	- CBC, Iron studies in 2 wks - TFTs in 4 wks	 Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM 11/26/08		
NAME-PRINT			THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX <input type="checkbox"/> DISPENSE AS WRITTEN SIGNATURE  DATE		
DATE	TIME	③			
11/28/08	0730	Avelor 400g IVPB q 24" Morphine 7gm IVPB q 12" CBL	 Check here if faxed. Enter time. <input type="checkbox"/> AM <input type="checkbox"/> PM 11/28/08		
NAME-PRINT			THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX <input type="checkbox"/> DISPENSE AS WRITTEN SIGNATURE  DATE		

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000617

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
FACILITY:		ROOM #:	DOCTOR'S NAME
SCSC		130A	McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
12/2/08		① To Dr McCarthy / UIC 12/2/08 ENT consult for track	
		<input type="checkbox"/> Check here if faxed. Enter time. AM <input type="checkbox"/> PM <input type="checkbox"/>	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	
DATE	TIME		
12/3/08	10/25am	② d/c Prednisone - Solimeda 125mg, 100 924 x 3 days	
		<input type="checkbox"/> Check here if faxed. Enter time. AM <input type="checkbox"/> PM <input type="checkbox"/>	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	
DATE	TIME		
12/8/08	1130	③ Prednisone 40 mg 1st x 34 x 50mg - rectal	
		<input type="checkbox"/> Check here if faxed. Enter time. AM <input type="checkbox"/> PM <input type="checkbox"/>	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX	

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000618



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron	Marion		NKA
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		130A	McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
12/10/08		① Peep + 5 to Vent Settings (A/C)	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
12/10/08	0945	② Fomiv Sulfate 330mg via GT q 12°	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
12/12/08	1000	③ Prednisone 10mg via GT q 240	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000619

PHYSICIAN'S ORDER FORM

SILVER LAKE VENT

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (363)

UNIT

1BV

ROOM

130

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMISSION

10/02/08

DI

MEDICATION ORDERS

BLOOD PRESSURE AND WTS EVERY WEEK

01/21/08 A4916101

LEVOTHYROXINE SODIUM 200MG
TABLET (S/F: SYNTHROID)

1 TAB CRUSH AND GIVE VIA G-TUBE
EVERY 24 HOURS **SEPARATE 2 HOURS
FROM CALCIUM**

10/24/08 R14383477

PAROXETINE HCL 40MG TABLET (S/F:
PAXIL)

1 TAB CRUSH AND GIVE VIA G-TUBE
EVERY 24 HOURS FOR DEPRESSION

10/02/08 R14370648

RISPERIDONE 0.5MG TABLET (S/F:
RISPERDAL)

1 TAB CRUSH AND GIVE VIA NASAL
GASTRIC TUBE AT BEDTIME FOR
PSYCHOSIS
CHECK & RECORD ORTHOSTATIC BP
WEEKLY

10/02/08 R14355083

MAGNESIUM OXIDE 400MG TABLET

1 TAB CRUSH AND GIVE VIA NASAL
GASTRIC TUBE DAILY FOR
HYPOMAGNESIUM

10/02/08 R14370669

MULTIVIT/MINERALS (CERTAVITE)
LIQUID

15 MLS VIA G-TUBE DAILY FOR
NUTRITIONAL SUPPLEMENT SKIN TEAR
*** (STOCK) ***

10/02/08 R14296023

PREDNISONE 10MG TABLET

1 TAB CRUSH AND GIVE VIA G-TUBE
DAILY FOR COPD

10/02/08 R14334255

OTHER ORDERS

DELIVERY DATE 12/17 START DATE 12/18

ADVANCE DIRECTIVES:

DO NOT RESUSCITATE

NON HOSPITAL **DO NOT RESUSCITATE**

DIET:

REGULAR NPO

ACTIVITIES:

AS TOLERATED

THERAPY:

PT ANNUAL 3-9

OT ANNUAL 3-9

ST. ANNUAL 3-9

FLOOR PROGRAMS:

PROM TO UPPER AND LOWER EXTREMITIES
5-REPS EVERY SHIFT

LABS:

YEARLY H&P DUE 1-9

CBC, CMP, STOOL GUAIAC EVERY 3 MONTHS 4-08

PREPARED BY: [Signature] DATE: 12/14 TIME: 7:15
PICKED UP BY: [Signature] DATE: 12/15 TIME: 1:30
VERIFIED BY: [Signature] DATE: 12/15 TIME: 1:30
VERIFIED BY: [Signature] DATE: 12/15 TIME: 1:30
NURSE'S REVIEW: [Signature] TIME: 1:30

Signature

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

CONTINUED NEXT PAGE

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

12/15/08

12/01/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800
3109 Hylan Blvd, STATEN ISLAND, NY, 10306

ADMITTED

10/02/08

RESIDENT #

PAGE

1 OF 2

RESIDENT NAME
KARRON, MARION (363)

SILVERLAKE-KARRON-000620

PHYSICIAN'S
ORDER FORM

FACILITY
SILVER LAKE VENT

PHARMACY
SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (363)	UNIT 1BV	ROOM 130	BED A	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 10/02/08
--	-------------	-------------	----------	---------------------------	----------	-------------------------------

D/O	MEDICATION ORDERS	OTHER ORDERS
✓	PREVACID SOLUTAB 30MG TAB RAP DR (S/F: PREVACID SOLUTAB) 1 TAB VIA G-TUBE DAILY FOR GERD ***DISSOLVE ON TONGUE OR IN MOUTH** 10/02/08 R14370411	T3, T4, TSH EVERY 3 MONTHS 1-9 RESTRAINTS: NONE
✓	SENNA TABLET 2 TABS VIA G-TUBE DAILY FOR CONSTIPATION *** (STOCK) *** 10/02/08 R14296029	
✓	VITAMIN B-1 100MG TABLET (S/F: VITAMIN B-1) 1 TAB VIA G-TUBE DAILY FOR ETOH 10/02/08 R14370417	
✓	CITRUS CALCIUM 200MG TABLET 2 TABS VIA G-TUBE TWICE DAILY FOR OSTEOPOROSIS *** (STOCK) *** 10/02/08 R14296033	
✓	HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000 UNITS) SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS 10/02/08 R14404307	
✓	METOPROLOL 25MG TABLET 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 12 HOURS FOR HYPERTENSION 10/02/08 R14370394	PREPARED BY: <u>B. McDonald</u> DATE: <u>12/15/08</u> TIME: <u>10</u> PICKED UP BY: <u>B. McDonald</u> DATE: <u>12/15/08</u> TIME: <u>10</u> VERIFIED BY: <u>B. McDonald</u> DATE: <u>12/15/08</u> TIME: <u>10</u> VERIFIED BY: <u>H. Ladd</u> DATE: <u>12/15/08</u> TIME: <u>10</u> NURSE'S REVIEW: _____ TIME: _____
✓	MYLANTA GENERIC LIQUID (S/F: MYLANTA) APPLY TO G-TUBE SITE ABCESS EVERY SHIFT *** (STOCK) *** 10/02/08 R14296038	Signature: _____ Date: <u>12/15/08</u> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> Dispense As Written
✓	ATIVAN 1mg min 9.T. 96° PRN	

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 12/15/08 12/01/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, Staten Island, NY, 10306		

SILVERLAKE-KARRON-000621

PHYSICIAN'S ORDER FORM

SILVER LAKE VENT

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (363)	UNIT 1BV	ROOM 130	BED A	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 10/02/08
--	-------------	-------------	----------	---------------------------	----------	-------------------------------

D/C	MEDICATION ORDERS	OTHER ORDERS
✓	OXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 8 HOURS AS NEEDED ** CAUTION - APAP MAX DOSE 4GM/24HRS ** 11/24/08 R14504294	
	TRIPLICATE REQUIRED 10/02/08 R14296040	
✓	ACETAMINOPHEN 160MG/5ML ELIXIR 20 MLS (640MG) VIA PEG TUBE EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 *** (STOCK) *** ** CAUTION - APAP MAX DOSE 4GM/24HRS ** 10/02/08 R14296040	
✓	IPRATROPIUM BROM (62.5ML/BOX) 0.2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 10/02/08 R14301595	
✓	ALBUTEROL 0.083% (75ML/BOX) 0.83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 10/02/08 R14354813	
✓	PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN <i>unstable</i> 01/21/08 A4916106	PREPARED BY: <i>B McDonald</i> DATE: <i>12/15</i> TIME: <i>3</i> PICKED UP BY: <i>MS</i> DATE: <i>12/18</i> TIME: <i>6</i> VERIFIED BY: <i>Wickings</i> DATE: <i>12/18</i> TIME: <i>6</i> NURSE'S REVIEW: <i>[Signature]</i> TIME: <i>6</i>
✓	G-TUBE FEEDS OF PERATIVE 250ML Q4H WITH H2O FLUSH OF 150ML Q4H ON ENTERAL PUMP AT 95ML/HR TOTAL CALORIES: 1950 TOTAL ML: 2400ML POSITION SEMI FOWLERS REASON: NUTRITIONAL SUPPORT 11/17/08 A4916108	Signature: <i>[Signature]</i> Date: <i>12/18</i> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> Dispense As Written

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 12/15/08 12/01/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, Staten Island, NY, 10306		

RESIDENT NAME KARRON, MARION (363)	ADMITTED 10/02/08	RESIDENT #	PAGE 3 OF 1
---------------------------------------	----------------------	------------	----------------

SILVERLAKE-KARRON-000622

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI

An Omnicare Company

RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (363)	UNIT 1BV	ROOM 130	BED A	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 10/02/08
--	-------------	-------------	----------	---------------------------	----------	-------------------------------

D/C	MEDICATION ORDERS	OTHER ORDERS
✓	SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) AFTER NORMAL SALINE WASH APPLY TO SACRUM EVERY SHIFT FOR STG-2 10/02/08 R14300187	
✓	FLEET 19G-7G/11B ENEMA INSERT 1-ENEMA RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) *** (STOCK) *** 10/02/08 R14296044	
✓	<i>FeSO4 330mg</i> <i>min 97 2120</i> <i>anemia</i>	
✓	O2 SAT WITH VENTILATOR MONITORING AND PRN	
✓	ETCO2 QM AND PRN	
✓	TRACH CARE Q5 AND PRN	
✓	TRACHEAL SUCTIONING Q5 AND PRN	
✓	CHANGE INNER CANNULA QD AND PRN	

PREPARED BY: _____ DATE: _____ TIME: _____
 PICKED UP BY: *hmc* DATE: *12/15* TIME: *3*
 VERIFIED BY: _____ DATE: _____ TIME: _____
 VERIFIED BY: *Michael Tedros* DATE: *12/18* TIME: *10*
 NURSE'S REVIEW: _____ TIME: _____

Signature: *[Signature]* Date: *12/18/08*

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 12/15/08 12/01/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan BLVD ² , STATEN ISLAND, NY, 10306		

RESIDENT NAME KARRON, MARION (363)	ADMITTED 10/02/08	RESIDENT #	PAGE 4 OF 1
---------------------------------------	----------------------	------------	----------------

SILVERLAKE-KARRON-000623

PHYSICIAN'S ORDER FORM

SILVER LAKE VENT

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (363)	UNIT 1BV	ROOM 130	BED A	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMIS: 10/02/0
--	-------------	-------------	----------	---------------------------	----------	---------------------------

D/C	MEDICATION ORDERS	OTHER ORDERS
	PMV WITH FAMILY ONLY	
	RESPIRATORY: VENTILATOR SETTINGS: VT: 500 RR: 16 MODE: AC FIO2: 35-45% OTHER: <u>pulp + S</u>	
	ORAL PHARANGEAL SUCTIONING QS AND PRN	
	Fleet enema + rectally 9-3 deep as needed if no BMS	

PREPARED BY: Bmcondal DATE: 12/15 TIME: 3
 PICKED UP BY: Bmcondal DATE: 12/15 TIME: 3
 VERIFIED BY: _____ DATE: _____ TIME: _____
 VERIFIED BY: _____ DATE: _____ TIME: _____
 NURSE'S REVIEW: _____ TIME: _____

Signature

Date: 12/15/08

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 12/15/08
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, STATEN ISLAND, NY, 10306		12/01/08

RESIDENT NAME
KARRON, MARION (363)

ADMITTED
10/02/08

RESIDENT #

PAGE
5 OF 5

SILVERLAKE-KARRON-000624

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
FACILITY:		ROOM #:	DOCTOR'S NAME
Karron		130A	McCauley
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
12/16/08		① To Dr. McCauley / Rx x-ray @ ankle site R/w fx	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	
DATE	TIME		
01/03/09		② To Dr. McCauley / Labwork change Fes04 75mg mEq bid 5 days 10AM & 8PM.	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	
DATE	TIME		
1/5/09		③ CBC Bld C/ls X2 u/A & C/ls, CXR	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000625



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME		LAST <u>KARRON</u> FIRST <u>MARION</u> MI		ALLERGIES: <u>PCN</u>
FACILITY: <u>SCSCC</u>		ROOM #: <u>130A</u>	DOCTOR'S NAME <u>McCarthy</u>	
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"				NURSING PERSONNEL SIGNATURE
DATE	TIME	① <u>Dr. McCarthy /</u> <u>1/6/09</u> <u>IV Avelox 400mg q 240 x 10 days</u> <u>IV Maxipime q 120 x 10 days</u> <u>- R.M.L. INF. -</u>		
		<input type="checkbox"/> Check here if faxed. Enter time.		AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DISPENSE AS WRITTEN
NAME-PRINT		SIGNATURE		DATE
DATE	TIME	② <u>1/12/09</u> <u>- BCx 2</u> <u>- CBC, CMP</u> <u>- CRK (also pnume)</u> <u>- UA & UCP</u>		
		<input type="checkbox"/> Check here if faxed. Enter time.		AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DISPENSE AS WRITTEN
NAME-PRINT		SIGNATURE		DATE
DATE	TIME	③ <u>1/12/09</u> <u>d/c Avelox / Maxipime</u> <u>noted 1/12/09</u>		
		<input type="checkbox"/> Check here if faxed. Enter time.		AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DISPENSE AS WRITTEN
NAME-PRINT		SIGNATURE		DATE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000626

SILVER LAKE SPECIALIZED CARE CENTER

PHYSICIAN ORDERS -- PRESSURE AREA PROTOCOLS

Resident Name: Karron Mammor Room #: 130A

Pressure Area Protocol

☐ STAGE I Cleanse (site): _____ with 0.9% normal saline, pat dry and apply moisturizing lotion around red area every shift and pm.

☐ STAGE II * Cleanse (site): _____ with 0.9% normal saline, pat dry
☐ Apply Hydrocolloid dressing. ☐ Apply Foam adhesive dressing
 Change every seven days. Replace/remove pm if dislodged if breakout occurs or a foul odor. (For sacral ulcers use hydrocol sacral)

☒ STAGE III* Cleanse (site): Sacrum with 0.9% normal saline

- ☐ A. Wound clean and no necrosis
 - ☐ Apply Hydrogel/Transigel dressing to wound bed & cover with bordered pad/cover site dressing. Change dressing qd x4 weeks then reeval.
- ☐ B. Wound wet, drainage clean and no necrosis
 - ☐ Apply Alginate dressing and cover with bordered pad/cover site. Change dressing O.D. for 4 weeks and re-evaluate.
- ☐ C. Necrosis present
 - ☐ Apply santyl/curasalt dressing (for debridement) with bordered pad/cover site O.D. for 4 weeks and re-evaluate.

☐ STAGE IV * Cleanse (site): _____ with 0.9% normal saline

- ☒ A. Clean and no necrosis Silvaelene
 - ☐ Apply ~~zinc oxide~~ cream to ulcer borders with wet to moist dressing and cover with protective dressing q shift x 4 weeks or bordered pad/cover site O.D. x 4 weeks.
- ☐ B. Necrosis is present
 - ☐ Apply santyl/curasalt (for debridement) with bordered pad/cover site O.D. for 4 weeks and re-evaluate.

- ☐ Baseline serum albumin. Repeat every 3 months.
- ☐ * Berocca Plus Tabs 1 O.D - po
- ☐ MVI with minerals 15cc via GT

M.D. Signature: [Signature]

Date: 1/9/09

Nurse Signature: [Signature]

Date: 1/9/09

____ Original Copy -- Chart

____ Copy to Pharmacy

____ Copy to Supplies

© 2004 Acorn Medical. All rights reserved. Pressure area protocols physician order rev 1/5/06

SILVERLAKE-KARRON-000627

PHYSICIAN'S ORDER FORM

FACILITY
SILVER LAKE VENT

PHARMACY
SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (363)	UNIT 1BV	ROOM 130	BED A	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 10/02/08
--	-------------	-------------	----------	---------------------------	----------	-------------------------------

D/	MEDICATION ORDERS
	BLOOD PRESSURE AND WTS EVERY WEEK 01/21/08 A4916101
	LEVOTHYROXINE SODIUM 200MG TABLET (S/F: SYNTHROID) 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 24 HOURS **SEPARATE 2 HOURS FROM CALCIUM** 10/24/08 R14383477
	PAROXETINE HCL 40MG TABLET (S/F: PAXIL) 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 24 HOURS FOR DEPRESSION 10/02/08 R14370648
	PREDNISONE 10MG TABLET 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 24 HOURS <i>cold</i> 12/12/08 R14574558
	RISPERIDONE 0.5MG TABLET (S/F: RISPERDAL) 1 TAB CRUSH AND GIVE VIA NASAL GASTRIC TUBE AT BEDTIME FOR PSYCHOSIS CHECK & RECORD ORTHOSTATIC BP WEEKLY 10/02/08 R14355083
	MAGNESIUM OXIDE 400MG TABLET 1 TAB CRUSH AND GIVE VIA NASAL GASTRIC TUBE DAILY FOR HYPOMAGNESIUM 10/02/08 R14370669
	MULTIVIT/MINERALS (CERTAVITE) LIQUID 15 MLS VIA G-TUBE DAILY FOR NUTRITIONAL SUPPLEMENT SKIN TEAR *** (STOCK) *** 10/02/08 R14296023

OTHER ORDERS	
DELIVERY DATE <u>1/14</u>	START DATE <u>1/17/09</u>
ADVANCE DIRECTIVES: **DO NOT RESUSCITATE** NON HOSPITAL **DO NOT RESUSCITATE**	
DIET: REGULAR <i>NPO</i>	
ACTIVITIES: AS TOLERATED	
THERAPY: PT ANNUAL 3-9 OT ANNUAL 3-9 ST. ANNUAL 3-9	
FLOOR PROGRAMS: FROM TO UPPER AND LOWER EXTREMITIES 5-REPS EVERY SHIFT	
LABS: YEARLY H&P DUE 1-9 CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08	
PREPARED BY: <u>[Signature]</u>	DATE: <u>1/14/09</u> TIME: <u>3:11</u>
PICKED UP BY: <u>[Signature]</u>	DATE: <u>1/14/09</u> TIME: <u>3:11</u>
VERIFIED BY: <u>[Signature]</u>	DATE: <u>1/14/09</u> TIME: <u>3:11</u>
VERIFIED BY: <u>[Signature]</u>	DATE: <u>1/14/09</u> TIME: <u>3:11</u>
NURSE'S REVIEW: <u>[Signature]</u>	DATE: <u>1/19/09</u>
<p>Signature</p> <p>THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW</p> <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> <p>Dispense As Written</p>	

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 01/12/09 01/01/09
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, STATEN ISLAND, NY, 10306		

SILVERLAKE-KARRON-000628

PHYSICIAN'S ORDER FORM

SILVER LAKE VENT

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #	UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISSION
KARRON, MARION (363)	1BV	130	A	06/06/30	F	10/02/08

D/C	MEDICATION ORDERS	OTHER ORDERS
	PREVACID SOLUTAB 30MG TAB RAP DR (S/F: PREVACID SOLUTAB) 1 TAB VIA G-TUBE DAILY FOR GERD 10/02/08 R14370411	T3, T4, TSH EVERY 3 MONTHS 1-9 RESTRAINTS: NONE
	SENNA TABLET 2 TABS VIA G-TUBE DAILY FOR CONSTIPATION *** (STOCK) *** 10/02/08 R14296029	
	VITAMIN B-1 100MG TABLET (S/F: VITAMIN B-1) 1 TAB VIA G-TUBE DAILY FOR ETOH 10/02/08 R14370417	
	CITRUS CALCIUM 200MG TABLET 2 TABS VIA G-TUBE TWICE DAILY FOR OSTEOPOROSIS *** (STOCK) *** 10/02/08 R14296033	
	FERROUS SULFATE 220(44)/5ML ELIXIR 330 225MG (7.5ML) VIA G-TUBE EVERY 12 HOURS *** (STOCK) *** @ 10AM 8PM 12/10/08 R14565651	
	HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000 UNITS) SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS 10/02/08 R14404307	PREPARED BY: <u>[Signature]</u> DATE: <u>11/12/09</u> TIME: <u>7-3</u> PICKED UP BY: <u>[Signature]</u> DATE: <u>11/12/09</u> TIME: <u>32</u> VERIFIED BY: <u>[Signature]</u> DATE: <u>11/12/09</u> TIME: <u>1</u> VERIFIED BY: <u>[Signature]</u> DATE: <u>11/12/09</u> TIME: <u>1</u> NURSE'S REVIEW: _____ TIME: _____
	METOPROLOL 25MG TABLET 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 12 HOURS FOR HYPERTENSION 10/02/08 R14370394	Signature: <u>[Signature]</u> Date: <u>11/12/09</u> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> Dispense As Written
	ANTACID GENERIC (MYLANTA) LIQUID (S/F: MYLANTA) APPLY TO G-TUBE SITE ADRESS EVERY SHIFT *** (STOCK) *** 10/02/08 R14296038	

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 01/12/09 01/01/09
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, Staten Island, NY, 10306		

RESIDENT NAME	ADMITTED	RESIDENT #	PAGE
KARRON, MARION (363)	10/02/08		2 OF 5

SILVERLAKE-KARRON-000629

**PHYSICIAN'S
ORDER FORM**

FACILITY
SILVER LAKE VENT

PHARMACY
SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (363)	UNIT 1BV	ROOM 130	BED A	DATE OF BIRTH 06/06/30	SEX F	DATE OF ADMISSION 10/02/08
---	--------------------	--------------------	-----------------	----------------------------------	-----------------	--------------------------------------

D/C	MEDICATION ORDERS	OTHER ORDERS
	OXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB VIA G-TUBE EVERY 8 HOURS ** CAUTION - APAP MAX DOSE 4GM/24HRS ** TRIPLICATE REQUIRED ✓	
	12/08/08 R14556309 LORAZEPAM 1MG TABLET 1 TAB VIA G-TUBE EVERY 6 HOURS AS NEEDED FOR ANXIETY TRIPLICATE REQUIRED ✓	
	12/10/08 R14565841 ACETAMINOPHEN 160MG/5ML ELIXIR 20 MLS (640MG) VIA PEG TUBE EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 ****(STOCK)**** ** CAUTION - APAP MAX DOSE 4GM/24HRS ** 10/02/08 R14296040	
	IPRATROPIUM BROM (62.5ML/BOX) 0.2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD ✓	
	10/02/08 R14577538 ALBUTEROL 0.083% (75ML/BOX) 0.83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING ✓	PREPARED BY: <u>JA</u> DATE: <u>11/26/09</u> TIME: <u>2:20</u> PICKED UP BY: <u>DAV</u> DATE: <u>11/26/09</u> TIME: <u>3:30</u> VERIFIED BY: <u>DAV</u> DATE: <u>11/26/09</u> TIME: <u>4:00</u> VERIFIED BY: <u>Madras</u> DATE: <u>11/26/09</u> TIME: <u>4:30</u> NURSE'S REVIEW: _____ TIME: _____
	10/02/08 R14354813 PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN <u>une G.I.</u> ✓	
	01/21/08 A4916106 ✓	Signature: <u>[Signature]</u> Date: <u>11/27/09</u> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> Dispense As Written

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NO KNOWN ALLERGIES	REVIEW DATE 01/12/09 01/01/09
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD, STATEN ISLAND, NY, 10306		

SILVERLAKE-KARRON-000630

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (363)

UNIT

1BV

ROOM

130

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMISSION

10/02/08

D/C

MEDICATION ORDERS

OTHER ORDERS

GTUBE FEEDS OF PERATIVE
250ML Q4H WITH H2O FLUSH
OF 150ML Q4H ON ENTERAL
PUMP AT 95ML/HR
TOTAL CALORIES: 1950
TOTAL ML: 2100ML

POSITION SEMI FOWLERS
REASON: NUTRITIONAL SUPPORT

11/17/08 A4916108

SILVER SULFADIAZINE 1% CREAM
(S/F: SILVADENE)
AFTER NORMAL SALINE WASH APPLY TO
SACRUM EVERY SHIFT FOR STG-2

10/02/08 R14300187

FLEET 19G-7G/118 ENEMA
INSERT 1-ENEMA RECTALLY EVERY 3
DAYS AS NEEDED IF NO BOWEL
MOVEMENT(S) *** (STOCK) ***

10/02/08 R14296044

*Stage II Sacrum decubiti
Cleanse, and apply Silvadene cr.
Wash bed with wet molydax
and dry with qd.*

O2 SAT WITH VENTILATOR
MONITORING AND PRN

PREPARED BY: CS DATE: 11/17/08 TIME: 7:30
PICKED UP BY: Blazyn DATE: 11/17/08 TIME: 3:15
VERIFIED BY: ms DATE: 11/19 TIME: 7:15
VERIFIED BY: Madras DATE: 11/15 TIME: 7:15
NURSE'S REVIEW: _____ TIME: _____

ETCO2 QM AND PRN

[Signature]
Signature

Date: 11/17/08

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

TRACH CARE QS AND PRN

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

01/12/09

01/01/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

10/02/08

RESIDENT #

PAGE

4 OF 4

SILVERLAKE-KARRON-000631

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (363)

UNIT

18V

ROOM

130

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMIS

10/02/09

D/C

MEDICATION ORDERS

OTHER ORDERS

TRACHEAL SUCTIONING Q5 AND PRN

CHANGE INNER CANNULA
QD AND PRN

PMV WITH FAMILY ONLY

RESPIRATORY:
VENTILATOR SETTINGS:
VT: 500 RR: 16
MODE: AC FIO2: 35-45%
OTHER: PEEP +5

ORAL PHARANGIAL SUCTIONING
Q5 AND PRN

PREPARED BY: _____ DATE: _____ TIME: _____
PICKED UP BY: _____ DATE: _____ TIME: _____
VERIFIED BY: _____ DATE: _____ TIME: _____
VERIFIED BY: _____ DATE: _____ TIME: _____
NURSE'S REVIEW: _____ TIME: _____

Signature

Date: 1/12/09

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

01/12/09

01/01/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

10/02/09

RESIDENT #

PAGE

SILVERLAKE-KARRON-000632



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		130A	McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
1/14/09	osw	① - 1/2 AS 1 L over 12" x 2 day - CMP 1/16/09	e. mermer 1/14/09
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
			1/14/09
DATE	TIME		
1/16/09	4:30 pm	② T.O. Dr. McCarthy / CRP Flush to 300cc 0.4L sin PEG x 2 day BMP 1/19/09	responder 1/19/09
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
			1/19/09
DATE	TIME		
1/19/09	17:15	③ CBL, BMP n 1/21/09 noted 1-19-09	1/19/09 Dr. [signature]
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
			1/19/09

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000633



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron		Marion	NKA
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		1304	Dr. McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
1/22/09		① T/O Dr. McCarthy / Humboldt S. Manner Suspect consult - worsening sacral ulcer	1/22/09
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE
DATE	TIME		
1/23/09	1100	② - A Penicillin to (5/325) i v o t 980	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE
DATE	TIME		
1/25/09	2pm	③ T/O Dr. McCarthy / Small m wound culture & sensitivity (sacral ulcer) avelox 400 mg IVPB QD X 10 days morphine 1gm IVPB Q 12hr X 10 day for infected sacral ulcer + persistent fevers	1/25/09
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000634



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron	Morrison		NKA
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSC		130A	Dr. McCarthy
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
1/26/09		①	
		CBC, emp	
Check here if faxed. Enter time.			AM <input type="checkbox"/> PM <input type="checkbox"/>
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
1/26/09		②	
		- CMP 1/30/09	
		- ↑ flush to 300 cc q 4° na PEH x 3 d4s	
		- HbA1C 1/30/09	
Check here if faxed. Enter time.			AM <input type="checkbox"/> PM <input type="checkbox"/>
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
1/30/09		③	
		Dr. McCarthy	
		Schradert to redness	
		on R hip q.s. x 2 weeks	
		Rm change to 240 m	
		placed on contact isolation	
Check here if faxed. Enter time.			AM <input type="checkbox"/> PM <input type="checkbox"/>
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000635

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron	Marion		Noxe
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		240A	Keahn
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
1/30	6 pm	① t-o. Dr. Pansio / Krogger BMP in am	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE
DATE	TIME		
1/31/09	5:00 PM	② I VF Ds 1/2 ns 1L Q12 ° x 48 ° BMP in am TSH, CBC	
		X-ray sacral spine	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE
DATE	TIME		
		③ d/c naproxen Kayeralate 30 gm in GT x1	
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000636



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karnox		Marox	
FACILITY:		ROOM #:	
SLSC		240A	
DOCTOR'S NAME		Klahs	
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME	① 10 F DS 1/2 HS 2/2/09 @ 16:00 1 liter 9/26 x, 2 day a end BMP in AM.	
		<input checked="" type="checkbox"/> Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
		2/2/09	
DATE	TIME	② continue w/ plan 48 hr more to re-eval BMP in AM	
2/4/09		<input checked="" type="checkbox"/> Check here if faxed. Enter time.	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
		2/4/09	
DATE	TIME	③ 7.0. Dr. Klahs 1 crop BMP in AM 2/5/09 goch	
2/5/09 6pm		<input checked="" type="checkbox"/> Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
		2/6/09	

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000637



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron	Marion		None
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		240A	Klahs
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
2/6/09		① Unasyn 1.5 Gm IVPB Q 120 x 10 days Dakins 1/4018 solution mixed cns to screen PS Continue IV fluids x 40	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
2/6/09			2/6/09
DATE	TIME		
2/7/09		② U/A cts Foley cath care qst per BMP in AM daily WTS x 3 days D/c naproxen ↓ papit 2 to 2 x 4 days	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
2/7/09			2/7/09
DATE	TIME		
		③ the D/c papit continue IV x 48 hrs re eval	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
2/7/09			2/7/09
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000638



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron		Manix	None
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		240A	Klehr
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
2/8/09		① TO. Dr. Klehr / Sundeen	AM <input type="checkbox"/> PM <input type="checkbox"/>
		A IV fluids to .9NS / liter q12hrs	
		until completed.	
Check here if faxed. Enter time.			AM <input type="checkbox"/> PM <input type="checkbox"/>
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
2/9/9		② CMP. - PBC.	AM <input type="checkbox"/> PM <input type="checkbox"/>
		cont. iv fluid 0.9NS. I let q12h	
		cover. Glucose. 2 unit of Reg. Insulin	
		for every in current of	
Check here if faxed. Enter time.			AM <input type="checkbox"/> PM <input type="checkbox"/>
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME		
2/9/9		③ 25. above a glucose of 200.	AM <input type="checkbox"/> PM <input type="checkbox"/>
		FS - B & d	
		call MD & Glucose > 400.	
		Re-check AM.	
Check here if faxed. Enter time.			AM <input type="checkbox"/> PM <input type="checkbox"/>
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000639

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (363)

UNIT

1BV

ROOM

130

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMISS

10/02/08

D/C

MEDICATION ORDERS

BLOOD PRESSURE AND WTS EVERY WEEK

01/21/08 A4916101

LEVOTHYROXINE SODIUM 200MCG
TABLET (S/F: SYNTHROID)

1 TAB CRUSH AND GIVE VIA G-TUBE
EVERY 24 HOURS **SEPARATE 2 HOURS
FROM CALCIUM**

10/24/08 R14383477

PAROXETINE HCL 20MG TABLET (S/F:
PAXIL)

1 TAB CRUSH AND GIVE VIA G-TUBE
EVERY 24 HOURS FOR DEPRESSION

then p 4 days Dcd
10/02/08 R14370648

PREDNISONE 10MG TABLET

1 TAB CRUSH AND GIVE VIA G-TUBE
EVERY 24 HOURS FOR COPD

12/12/08 R14574558

RISPERIDONE 0.5MG TABLET (S/F:
RISPERDAL)

1 TAB CRUSH AND GIVE VIA G-TUBE
AT BEDTIME FOR PSYCHOSIS
CHECK & RECORD ORTHOSTATIC BP
WEEKLY

10/02/08 R14355083

MAGNESIUM OXIDE 400MG TABLET

1 TAB CRUSH AND GIVE VIA G-TUBE
DAILY FOR HYPOMAGNESIUM

10/02/08 R14370669

MULTIVIT/MINERALS (CERTAVITE)
LIQUID

15 MLS VIA G-TUBE DAILY FOR
NUTRITIONAL SUPPLEMENT SKIN TEAR
*** (STOCK) ***

10/02/08 R14296023

PREVACID SOLUTAB 30MG TAB ~~PREVACID~~ BR
(S/F: PREVACID SOLUTAB) Solubab

1 TAB VIA G-TUBE DAILY FOR GERD

10/02/08 R14370411

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

NO KNOWN ALLERGIES

ALLERGY

REVIEW DATE

02/09/09

02/01/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

10/02/08

RESIDENT #

PAGE

1 OF

SILVERLAKE-KARRON-000640

Dispense As Written

CONTINUED NEXT PAGE

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Signature

Date: 2/10/09

PREPARED BY: PD DATE: TIME:
PICKED UP BY: DATE: TIME:
VERIFIED BY: DATE: TIME:
VERIFIED BY: DATE: TIME:
NURSE'S REVIEW: DATE: TIME:

YEARLY H&P DUE 1-10

CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-09

LABS:

FLOOR PROGRAMS:
FROM TO UPPER AND LOWER EXTREMITIES
5-REPS EVERY SHIFT

ST. ANNUAL 3-9

OT ANNUAL 3-9

PT ANNUAL 3-9

AS TOLERATED

ACTIVITIES:

NPO

DIET:

NON HOSPITAL **DO NOT RESUSCITATE**

DO NOT RESUSCITATE

ADVANCE DIRECTIVES:

DELIVERY DATE 2/12 START DATE 2/13

OTHER ORDERS

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #	UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISSION
KARRON, MARION (363)	1B1	130	A	06/06/30	F	10/02/08

D/C	MEDICATION ORDERS	OTHER ORDERS
✓	SENNA TABLET 2 TABS VIA G-TUBE DAILY FOR CONSTIPATION *** (STOCK) *** 10/02/08 R14296029	T3, T4, TSH EVERY 3 MONTHS <u>4-9</u> RESTRAINTS: NONE
✓	VITAMIN B-1 100MG TABLET (S/F: VITAMIN B-1) 1 TAB VIA G-TUBE DAILY FOR ETOH <i>abuse</i> <i>Supplement</i> 10/02/08 R14370417	
✓	CITRUS CALCIUM 200MG TABLET 2 TABS VIA G-TUBE TWICE DAILY FOR OSTEOPOROSIS *** (STOCK) *** 10/02/08 R14296033	
✓	HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000 UNITS) SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS 10/02/08 R14404307	
✓	METOPROLOL 25MG TABLET 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 12 HOURS FOR HYPERTENSION 10/02/08 R14370394	
✓	FERROUS SULFATE 220(44)/5ML ELIXIR 330MG (7.5ML) VIA G-TUBE TWICE DAILY FOR ANEMIA *** (STOCK) *** <i>at 10 AM + 8 PM</i> 12/10/08 R14565651	PREPARED BY: _____ DATE: _____ TIME: _____ PICKED UP BY: _____ DATE: _____ TIME: _____ VERIFIED BY: _____ DATE: _____ TIME: _____ VERIFIED BY: _____ DATE: _____ TIME: _____ NURSE'S REVIEW: _____ TIME: _____
✓	ANTACID GENERIC (MYLANTA) LIQUID (S/F: MYLANTA) APPLY TO G-TUBE SITE ABCESS EVERY SHIFT *** (STOCK) *** 10/02/08 R14296038	Signature: <u>[Signature]</u> Date: <u>2/10/09</u> THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div> Dispense As Written
✓	<i>Foley cath care: QST for</i> <i>[Signature]</i> <i>2/11/09</i>	

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

02/09/09

02/01/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800
3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

10/02/08

RESIDENT #

PAGE

2 OF 2

SILVERLAKE-KARRON-000641

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI



An Omnicare Company

RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (363)

UNIT

1B V

ROOM

130

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMISSION

10/02/09

D/C

MEDICATION ORDERS

OTHER ORDERS

**OXYCODONE/APAP 5MG/325MG TABLET
(S/F: PERCOCET)**

CRUSH AND GIVE 1 TAB VIA G-TUBE
EVERY 8 HOURS AS NEEDED **
CAUTION - APAP MAX DOSE 4GM/24HRS
**

TRIPPLICATE REQUIRED

01/03/09 R14653210

LORAZEPAM 1MG TABLET

1 TAB VIA G-TUBE EVERY 6 HOURS AS
NEEDED FOR ANXIETY
TRIPPLICATE REQUIRED

12/10/08 R14565841

ACETAMINOPHEN 160MG/5ML ELIXIR

20 MLS (640MG) VIA PEG TUBE EVERY
4 HOURS AS NEEDED FOR PAIN OR
TEMP >100.5 *** (STOCK) *** **
CAUTION - APAP MAX DOSE 4GM/24HRS
**

10/02/08 R14296040

IPRATROPIUM BROM (62.5ML/BOX)

0.2MG/1ML SOLUTION

1 UNIT DOSE VIA NEBULIZER EVERY 4
HOURS FOR COPD

10/02/08 R14577538

ALBUTEROL 0.083% (75ML/BOX)

0.83MG/1ML SOLUTION

1 UNIT DOSE VIA NEBULIZER EVERY 4
HOURS AS NEEDED FOR WHEEZING

10/02/08 R14354813

PROSTAT 101 30ML IN 30ML WATER
VIA G-TUBE THREE TIMES DAILY FOR
HYPOALBUMIN

01/21/08 A4916106

PREPARED BY: _____ DATE: _____ TIME: _____
PICKED UP BY: _____ DATE: _____ TIME: _____
VERIFIED BY: _____ DATE: _____ TIME: _____
VERIFIED BY: _____ DATE: _____ TIME: _____
NURSE'S REVIEW: _____ TIME: _____

Signature

Date: 2/10/09

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW

Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

02/09/09

02/01/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

10/02/08

RESIDENT #

PAGE

2 OF 2

SILVERLAKE-KARRON-000642

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI



An Unalaska, Com

RESIDENT NAME & MEDICAL RECORD #

KARRON, MARION (363)

UNIT

1BV

ROOM

130

BED

A

DATE OF BIRTH

06/06/30

SEX

F

DATE OF ADMIS

10/02/08

D/C

MEDICATION ORDERS

OTHER ORDERS

GTUBE FEEDS OF PERATIVE
250ML Q4H WITH H2O FLUSH
OF 300ML Q4H ON ENTERAL
PUMP AT 95ML/HR
TOTAL CALORIES: 1950
TOTAL ML: ~~2100ML~~ 3300 CC

POSITION SEMI FOWLERS
REASON: NUTRITIONAL SUPPORT

11/17/08 A4916108

~~SILVER SULFADIAZINE 1% CREAM
(S/F: SILVADENE)~~

~~AFTER NORMAL SALINE WASH APPLY TO
SACRUM EVERY SHIFT FOR STG-2~~

10/02/08 R14300187

~~SILVER SULFADIAZINE 1% CREAM
(S/F: SILVADENE)~~

~~CLEANSE SACRUM WITH NORMAL SALINE
AND APPLY CREAM TO ULCER BORDERS
WITH WET TO MOIST DRESSING AND
COVER WITH PROTECTIVE DRESSING
EVERY SHIFT FOR 28 DAYS~~

01/09/09 R14677434

~~FLEET 190-70/118 ENEMA~~

~~INSERT 1-ENEMA RECTALLY EVERY 3
DAYS AS NEEDED IF NO BOWEL
MOVEMENT(S) *** (STOCK) ***~~

10/02/08 R14296044

O2 SAT WITH VENTILATOR

MONITORING AND PRN

PREPARED BY: _____ DATE: _____ TIME: _____
PICKED UP BY: _____ DATE: _____ TIME: _____
VERIFIED BY: _____ DATE: _____ TIME: _____
VERIFIED BY: _____ DATE: _____ TIME: _____
NURSE'S REVIEW: _____ TIME: _____

Signature

Date: 2/10/09

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW

Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

02/09/09

02/01/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800

3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

02/02/08

RESIDENT #

PAGE

1 OF 1

SILVERLAKE-KARRON-000643

PHYSICIAN'S ORDER FORM

FACILITY

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #	UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMIS
KARRON, MARION (363)	1BV	130	A	06/06/30	F	10/02/01

D/C	MEDICATION ORDERS	OTHER ORDERS
✓	ETCO2 QM AND PRN	
✓	TRACH CARE QS AND PRN	
✓	TRACHEAL SUCTIONING QS AND PRN	
✓	CHANGE INNER CANNULA QD AND PRN	
✓	PMV WITH FAMILY ONLY	
✓	RESPIRATORY: VENTILATOR SETTINGS: VT: 500 RR: 16 MODE: AC FIO2: 35-45% OTHER: PEEP +5	<p>PREPARED BY: _____ DATE: _____ TIME: _____</p> <p>PICKED UP BY: _____ DATE: _____ TIME: _____</p> <p>VERIFIED BY: _____ DATE: _____ TIME: _____</p> <p>VERIFIED BY: _____ DATE: _____ TIME: _____</p> <p>NURSE'S REVIEW: _____ DATE: _____ TIME: _____</p>
✓	ORAL PHARANGEAL SUCTIONING QS AND PRN	

Sacral ulcer wash w/ NS
 then 1/4 Dakin's to NS solution
 Q5 to ulcer & 2x per wound
 Unasyn 1.56m IVPB
 Q120 X10 days till 2/16/09
 infectious sacral decub

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW

Dispense As Written

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF	ALLERGY NONE KNOWN ALLERGIES	REVIEW DATE 02/09/09 02/01/09
--	---------------------------------	-------------------------------------

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 Hylan Blvd, STATEN ISLAND, NY, 10306

RESIDENT NAME	ADMITTED	RESIDENT #	PAGE
KARRON, MARION (363)	02/02/09		5 of 5

SILVERLAKE-KARRON-000644

PLEASE! USE BALLPOINT PEN ONLY! PRESS FIRMLY

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST <i>Karron</i>	FIRST <i>Marion</i>	MI	<i>None</i>
FACILITY: <i>SLSU</i>		ROOM #: <i>240A</i>	DOCTOR'S NAME: <i>Klahr</i>
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME	<p>① <i>2/10/09</i> <i>10:00 AM</i> <i>CAF IV x 72h</i> <i>BRN on 2/12/09</i></p> <p><i>300 mg</i></p> <p>THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX</p>	<p>Check here if faxed. Enter time. <i>10:00</i></p> <p>AM <input type="checkbox"/> PM <input type="checkbox"/></p>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME	<p>② <i>2/11/09</i> <i>10:00 AM</i> <i>TO Dr. Klahr / 2/11/09</i> <i>TRANSFER to ER for evaluation</i> <i>R/O sepsis</i></p> <p>THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX</p>	<p>Check here if faxed. Enter time. <i>10:00</i></p> <p>AM <input type="checkbox"/> PM <input type="checkbox"/></p>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
DATE	TIME	<p>③</p> <p>THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX</p>	<p>Check here if faxed. Enter time.</p> <p>AM <input type="checkbox"/> PM <input type="checkbox"/></p>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING



SILVERLAKE-KARRON-000645

SILVER LAKE

ADMISSION READMISSION

INT UNIT YES [] NO

RESIDENT'S NAME

Karron, Manor

UNRECORDED

JBY 245A

PRE-RECORDED

15354

ADMISSION DATE

2/19/09

SEX

F

DATE OF BIRTH

6/6/30

PAGE NO

MEDICATION ORDERS

+ O. Dr. Klehr / Choyor

DELIVERY DATE

START DATE

DNR: YES [] NO

Non Hospital - Do not resuscitate

DIET

N.P.O.

Perative via PEG

ACTIVITY LEVEL

OOB - Recliner as tolerated

AMBULATION

Non Amb

SAFETY RESTRAINTS

none

SIDE RAILS

2 1/2 siderails for tr.

THERAPY

PT

OT

ST

Jenal / tr.

FLOOR PROGRAMS

Pencling

PODIATRY CARE

Q 2-0 3 M Myotatic Walk

DIAGNOSTIC TESTS, LAB, X-RAYS, EKG

CBC, CMP, stool guaiac Q 3M - 5/09
T3, T4, TSH Q 15 Month 5/09

BIP Weight Weekly

MIP 2/110

PICKED UP BY

B. Yeo

DATE

2/18/09

TIME

3:11

REVIEWED BY

H. Yeo

DATE

2/19/09

TIME

11:11

REVIEWED BY

H. Yeo

DATE

2/19/09

TIME

11:11

I CERTIFY THE ABOVE NAMED PATIENT IS IN NEED OF CONTINUED (24) CARE

MD SIGNATURE

H. Yeo

DATE

2/19/09

PRESCRIPTIONS FILLED OR REFILLABLE UNLESS PRESCRIBER WRITES "DNR" IN BOX BELOW

DAW

DIAGNOSIS

Resp Failure, COPD, AFib
Hypothyroidism, Anemia, Osteoporosis,
Arthritis

PHYSICIAN

Dr. Klehr

PHYSICIAN'S PHONE

(718) 667-9000

NURSE'S SIGNATURE

2/19/09

SILVER LAKE

TUBE FEEDING ORDERS

VENT UNIT ☒ YES ☐ NO

PATIENT'S NAME

Karron, Marion

ZBV 245A 15354 2/19/09 F 6/6/30

MEDICATION ORDERS

TUBE FEEDS OF *Peristaltic*250 ML Q4H WITH H₂O FLUSH

10 2 AM

OF 100 ML Q4H ON ENTERAL

PUMP AT 90 ML HR

TOTAL CALORIES

1950

1625

TOTAL ML

2300

1850

ACCUSSION SOME FOULLES

REASON: NUTRITIONAL SUPPORT

PLEASE G-TUBE WITH ME

28 AND PRN

*Apply Mylanta
to H# with g-tube*

CHANGE IRRADIATION

ACCORDING TO NURSING

HOME POLICY

MULTIVITAMINS WITH MINERALS

1 ML VIA G-TUBE FOR NUTRITION

PROPRATIOLONE 100 MG

FOR HYPOCALCEMIA

TYLENOL 325 MG TABS Q4H PRN

FOR PAIN OR TEMP > 101 F

FLEET ENEMA 100% 150 MG

PRN IF NO BM

HEPARIN 5000 U/ml

SUBCUTANEOUSLY Q4H

DVT PROPHYLAXIS

~~REPORT AS FOLLOWS~~~~1 TABLET BID FOR PAIN~~~~PROCTOGENOL AND TREAT~~~~PODIATRY EVAL FOR~~~~WOUND CARE~~~~OPHTH SCREEN FOR GLAUCOMA~~

ALLERGENS

PHYSICIAN

Dr. Klahr

(718) 667-9000

B. Yeo RN

[Signature]

2/18/09

2/19/09

3/1/09

3/1/09

2/19/09

SILVER LAKE

RESPIRATORY ORDERS

VENT UNIT ☒ YES ☐ NO

RESIDENT'S NAME <i>Karron, Marion</i>	UNIT/ROOM/BBED <i>20V 245A</i>	MRD RECORD # <i>15354</i>	ADMISSION DATE <i>2/19/09</i>	SEX <i>F</i>	DATE OF BIRTH <i>6/6/30</i>	PAGE NO.
EDUCATION ORDERS		DELIVERY DATE:	START DATE:			

RESPIRATORY

VENTILATOR SETTINGS:

VT: *500* RR: *16*MODE: *AC* FIO2: *25-45/5*

OTHER:

O2 SAT WITH VENTILATOR MONITORING AND PRN

ETCO2 QM AND PRN

SEE RESPIRATORY FLOW SHEETS

ABG'S

TRACH/CARE QS AND PRN

TRACHEAL SUCTIONING
QS AND PRNORAL PHARYNGEAL SUCTIONING
QS AND PRNCHANGE INNER CANNULA
QD AND PRNALBUTERAL 1 UNIT DOSE VIA
NEBULIZER Q4H PRN FOR WHEEZINGATROVENT 1 UNIT DOSE VIA
NEBULIZER Q4H FOR COPD

PICKED UP BY: *GPA* DATE: *2/19/09* TIME: *8pm*
 REVIEWED BY: DATE: TIME:
 REVIEWED BY: DATE: TIME:
 I CERTIFY THE ABOVE NAMED RESIDENT IS IN NEED OF CONTINUED (N) CARE. ☐
 MD SIGNATURE: *[Signature]* DATE:
 PRESCRIPTIONS FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN BOX BELOW



DAW

ALLERGIES

NI

DIAGNOSIS

PHYSICIAN

Dr. Klahr

PHYSICIAN'S PHONE

(718) 667-9000

NURSE'S REVIEW

DATE

2/19/09

SILVERLAKE-KARRON-000648

EVENT RELATES

ON 11 SEP 14 1100 INBA

SI-MW 3.14/2015/2

PRESCRIPTION ORDERS

Karman Mason

[Handwritten signature]

15354

60/81/e

✓

6/6/99

Femora fidele 330g
L 7.5 me) huan FE eg
Mexico 8242

Powert $\frac{5}{325}$ far
ma fee 88d

Mykanka to it take
at go

EX-100
JAN 19 1964
JAN 19 1964
JAN 19 1964

*Kurtel' Mera w dal
E NIS Men & Daktam*

to West and the
English Wagon

Redmond PPS

Both arms N5 west
followed by back then
to the top of 13W15

follova da destra
809 13715



20

20

SELECTION

© 2004 Blackwell Publishing Ltd *Journal of Internal Medicine* 255: 105–112

Dr. Keane

2006-199(SIL)

bol/bile

SILVER LAKE SPECIALIZED CARE CENTER

PHYSICIAN ORDERS - PRESSURE AREA PROTOCOLS

Resident Name: Kanon Marun Room #: 245A

Pressure Area Protocol

☐ STAGE I Cleanse (site): _____ with 0.9% normal saline, pat dry and apply moisturizing lotion around red area every shift and pm.

☐ STAGE II * Cleanse (site): _____ with 0.9% normal saline, pat dry
☐ Apply Hydrocolloid dressing. ☐ Apply Foam adhesive dressing
 Change every seven days. Replace/remove pm if dislodged if breakout occurs or a foul odor. (For sacral ulcers use hydrocol sacral)

☐ STAGE III* Cleanse (site): _____ with 0.9% normal saline

☐ A. Wound clean and no necrosis

☐ Apply Hydrogel/Transigel dressing to wound bed & cover with bordered pad/cover site dressing. Change dressing qd x4 weeks then reeval.

☐ B. Wound wet, drainage clean and no necrosis

☐ Apply Alginate dressing and cover with bordered pad/cover site. Change dressing O.D. for 4 weeks and re-evaluate.

☐ C. Necrosis present

☐ Apply santyl/curasalt dressing (for debridement) with bordered pad/cover site O.D. for 4 weeks and re-evaluate.

☒ STAGE IV * Cleanse (site): Sacrum with 0.9% normal saline

☒ A. Clean and no necrosis

☒ Apply zinc oxide cream to ulcer borders with wet to moist dressing and cover with protective dressing q shift x 4 weeks or bordered pad/cover site O.D. x 4 weeks.

☐ B. Necrosis is present

☐ Apply santyl/curasalt (for debridement) with bordered pad/cover site O.D. for 4 weeks and re-evaluate.

☐ Baseline serum albumin. Repeat every 3 months.

☐ * Berocca Plus Tabs 1 O.D. - po

☐ MVI with minerals 15cc via GT

M.D. Signature: [Signature]

Date: _____

Nurse Signature: [Signature]

Date: 2/20/09

____ Original Copy -- Chart

____ Copy to Pharmacy

____ Copy to Supplies

SILVER LAKE SPECIALIZED CARE CENTER

PHYSICIAN ORDERS - PRESSURE AREA PROTOCOLS

Resident Name: Karron m Room #: 245A

Pressure Area Protocol

☐ STAGE I Cleanse (site): _____ with 0.9% normal saline, pat dry and apply moisturizing lotion around red area every shift and pm.

☐ STAGE II * Cleanse (site): _____ with 0.9% normal saline, pat dry
☐ Apply Hydrocolloid dressing. ☐ Apply Foam adhesive dressing
 Change every seven days. Replace/remove pm if dislodged if breakout occurs or a foul odor. (For sacral ulcers use hydrocol sacral)

☒ STAGE III* Cleanse (site): (R) shin with 0.9% normal saline

☐ A. Wound clean and no necrosis

☐ Apply Hydrogel/Transigel dressing to wound bed & cover with bordered pad/cover site dressing. Change dressing qd x4 weeks then reeval.

☐ B. Wound wet, drainage clean and no necrosis

☐ Apply Alginate dressing and cover with bordered pad/cover site. Change dressing O.D. for 4 weeks and re-evaluate.

☐ C. Necrosis present

☐ Apply santyl/curasalt dressing (for debridement) with bordered pad/cover site O.D. for 4 weeks and re-evaluate.

☐ STAGE IV * Cleanse (site): _____ with 0.9% normal saline

☒ A. Clean and no necrosis

☒ Apply zinc oxide cream to ulcer borders with wet to moist dressing and cover with protective dressing q shift x 4 weeks or bordered pad/cover site O.D. x 4 weeks.

☐ B. Necrosis is present

☐ Apply santyl/curasalt (for debridement) with bordered pad/cover site O.D. for 4 weeks and re-evaluate.

☐ Baseline serum albumin. Repeat every 3 months.

☐ * Berocca Plus Tabs 1 O.D - po

☐ MVI with minerals 15cc via GT

M.D. Signature: [Signature]

Date: _____

Nurse Signature: [Signature]

Date: 2/20/09

____ Original Copy -- Chart

____ Copy to Pharmacy

____ Copy to Supplies

SILVER LAKE SPECIALIZED CARE CENTER

PHYSICIAN ORDERS - PRESSURE AREA PROTOCOLS

Resident Name: Karron, M Room #: 205A

Pressure Area Protocol

☐ STAGE I Cleanse (site): _____ with 0.9% normal saline, pat dry and apply moisturizing lotion around red area every shift and prn.

☐ STAGE II * Cleanse (site): _____ with 0.9% normal saline, pat dry
☐ Apply Hydrocolloid dressing. ☐ Apply Foam adhesive dressing
 Change every seven days. Replace/remove prn if dislodged if breakout occurs or a foul odor. (For sacral ulcers use hydrocol sacral)

☐ STAGE III* Cleanse (site): _____ with 0.9% normal saline

☐ A. Wound clean and no necrosis

☐ Apply Hydrogel/Transigel dressing to wound bed & cover with bordered pad/cover site dressing. Change dressing qd x4 weeks then reeval.

☐ B. Wound wet, drainage clean and no necrosis

☐ Apply Alginate dressing and cover with bordered pad/cover site. Change dressing O.D. for 4 weeks and re-evaluate.

☐ C. Necrosis present

☐ Apply santyl/curasalt dressing (for debridement) with bordered pad/cover site O.D. for 4 weeks and re-evaluate.

☒ STAGE IV * Cleanse (site): R HIP with 0.9% normal saline

☒ A. Clean and no necrosis

☒ Apply zinc oxide cream to ulcer borders with wet to moist dressing and cover with protective dressing q shift x 4 weeks or bordered pad/cover site O.D. x 4 weeks.

☐ B. Necrosis is present

☐ Apply santyl/curasalt (for debridement) with bordered pad/cover site O.D. for 4 weeks and re-evaluate.

☐ Baseline serum albumin. Repeat every 3 months.

☐ * Berocca Plus Tabs 1 O.D - po

☐ MVI with minerals 15cc via GT

M.D. Signature: [Signature]

Date: _____

Nurse Signature: [Signature]

Date: 2/20/09

____ Original Copy -- Chart

____ Copy to Pharmacy

____ Copy to Supplies



An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		245A	Klahs
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
2/20/09		① T/D Sasso OPAALBEN	
		7 AM 18	
		7u ABG	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		<input type="checkbox"/>	DATE
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
DATE	TIME		
2/20/09		② T/D D. Blas / similar	
		↓ F102 to 30% 40%	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		<input type="checkbox"/>	DATE
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
DATE	TIME		
2/23/09		③ Augmentin 875	
		3x1 via a tube	
		x10 d	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		<input type="checkbox"/>	DATE
		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000653

Carron

SILVER LAKE

[] ADMISSION [] READMISSION

VENT UNIT ☒ YES [] NO

RESIDENT'S NAME <u>Carron, Marion</u>	UNIT/ROOM <u>240A</u>	MRD RECORD # <u>15354</u>	ADMISSION DATE <u>2/19/09</u>	SEX <u>F</u>	DATE OF BIRTH <u>6/6/30</u>	PAGE NO.
--	--------------------------	------------------------------	----------------------------------	-----------------	--------------------------------	----------

MEDICATION ORDERS

SS#

DELIVERY DATE: START DATE:

DNR: ☒ YES [] NODIET: NPOpenicillin via PEGACTIVITY LEVEL: OOB perline as toleratedAMBULATION: non ambSAFETY RESTRAINTS: NoneSIDE RAILS: 2 1/2 post + proppingTHERAPY: PT 3 AnnualOT 2/10STFLOOR PROGRAMS: PRGM to 1 + V of them
Steps PSPODIATRY CARE: Q2-3 months pedicure, nails

DIAGNOSTIC TESTS: (LAB, X-RAYS, EKG)

CBC, CMP, PFT, GU, T3, T4 + TSH
Q3m due 5/09weekly into VIS QD after
psych Q3m depression due 5/09PICKED UP BY: LyndyREVIEWED BY: LyndyREVIEWED BY: Lyndy

I CERTIFY THE ABOVE NAMED RESIDENT IS IN NEED OF CONTINUED QD CARE. []

MD SIGNATURE: Lyndy

PRESCRIPTIONS FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN BOX BELOW



DAW

DIAGNOSIS

Resp failure -> vent, COPD, AF, malnutrition
MRSA - sputum, ETOH abuse, hypothyroidism
osteoporosis, osteoarthritis, dysphagia

PHYSICIAN

PHYSICIAN'S PHONE

NURSE'S REVIEW

DATE

3/5/09

SILVERLAKE-KARRON-000654

SILVER LAKE

TUBE FEEDING ORDERS

VENT UNIT ☐ YES ☐ NO

RESIDENT'S NAME <i>Karron Mary</i>	UNIT/ROOM/NO <i>245A</i>	MED RECORD #	ADMISSION DATE	SEX	DATE OF BIRTH	PAGE NO
---------------------------------------	-----------------------------	--------------	----------------	-----	---------------	---------

MEDICATION ORDERS

DELIVERY DATE:

START DATE:

GTUBE FEEDS OF *penalve*
250 ML Q4H WITH H2O FLUSH
OF 100 ML Q4H ON ENTERAL
PUMP AT 95 ML/HR

TOTAL CALORIES: *1950*TOTAL ML: *2100 CC*

POSITION SEMI FOWLERS

REASON: NUTRITIONAL SUPPORT

Don't hold
2 AM FEEDING

CLEANSE G-TUBE WITH NS

QS AND PRN *+ apply Mylanta to G-tube*

CHANGE IRRIGATION SET
ACCORDING TO NURSING
HOME POLICY.

MULTIVITAMINS WITH MINERALS

15ML VIA GT QD FOR NUTRITION.

PROSTAT 101 30ML VGT TID

FOR HYPOALBUMIN.

TYLENOL GR. X = 20ML LIQUID (640MG)

Q4H PRN FOR PAIN OR TEMP > 100.5

FLEET ENEMA EVERY 3RD DAY

PRN IF NO BM.

HEPARIN 5000 UNITS

SUBCUTANEOUSLY Q12H

DVT PROPHYLAXIS

FOR

~~PEPSID AC 10MG~~~~2 TABLETS BID FOR GERD~~

PHOTST EVAL AND TREAT

~~PODIATRY EVAL FOR~~~~MYCOTIC NAILS.~~~~OPHTH SCREEN CATARACTS~~~~OR GLAUCOMA.~~

ALLERGIES

3/6/09

PICKED UP BY:

REVIEWED BY:

REVIEWED BY:

DATE: *3/5/09*DATE: *3/5/09*DATE: *3/5/09*TIME: *3:4*TIME: *2:7*TIME: *2:7*I CERTIFY THE ABOVE NAMED RESIDENT IS IN NEED OF CONTINUED N/CARE. ☐

MD SIGNATURE:

PRESCRIPTIONS FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN BOX BELOW



DAW

DIAGNOSIS

PHYSICIAN

PHYSICIAN'S PHONE

NURSE'S REVIEW

DATE

3/5/09

SILVER LAKE

RESPIRATORY ORDERS

VENT UNIT ☐ YES ☐ NO

PATIENT'S NAME

Karron Mann

MEDICATION ORDERS

UNIT/ROOM/AGE

245A

MED. HISTORY

15354

ADMISSION DATE

2/19/09

SEX

F

DATE OF BIRTH

PAGE

DELIVERY DATE

START DATE

RESPIRATORY

VENTILATOR SETTINGS

VT: 500 RR: 18
MODE: AC FIO2: 30-40%
OTHER:

O2 SAT WITH VENTILATOR MONITORING AND PRN

ETCO2 QM AND PRN

SEE RESPIRATORY FLOW SHEETS

ABG'S

TRACH/CARE QS AND PRN

TRACHEAL SUCTIONING
QS AND PRNORAL PHARYNGEAL SUCTIONING
QS AND PRNCHANGE INNER CANNULA
QD AND PRNALBUTERAL 1 UNIT DOSE VIA
NEBULIZER Q4H PRN FOR WHEEZINGATROVENT 1 UNIT DOSE VIA
NEBULIZER Q4H FOR COPD

Gooden
3/6/09

PICKED UP BY

REVIEWED BY

REVIEWED BY

I CERTIFY THAT THE NAMED PATIENT IS IN NEED OF CONTINUED SKILLED CARE AND SIGNATURE
DATE
PRESCRIPTIONS FILLED ORIENTALLY UNLESS PRESCRIBED OTHERWISE ON BOX 18, 20

DATE

DATE

DATE

TIME

TIME

TIME

DAY

ALLERGIES

DIAGNOSIS

SUPERVISOR

ATTENDING PHYSICIAN

NURSE REVIEW

SILVERLAKE-KARRON-000656

3/5/09

SILVER LAKE

ADDITIONAL ORDER FORM

VENT UNIT ☐ YES ☐ NO

RESIDENT'S NAME Karron Marion	UNIT/ROOM/BLD 245C	MRG RECORD 1	ADMISSION DATE	SBX	DATE OF BIRTH	PAGE NO.
---	------------------------------	------------------------	----------------	-----	---------------	----------

MEDICATION ORDERS

D/C Zn So4

DX:

R shin NS wash followed
by bacitracin c dsg BID x 2 wks

DX:

✓ Fe So4 330mg = 7.5cc PEG QD

DX:

D/C enema

✓ Citruan 1mg PEG Q60 pm

DX:

agitation

✓ Both arms NS wash followed
by bacitracin c dsg QD x 3 wks

DX:

Sacrum stage IV protocol 9 NS wash
followed by wet → moist + cover c
protective dsg newst Q5 c 30 pm wound

DX:

✓ peracet 5/325 + tab PEG

DX:

Q 80 pain

✓ L hip NS wash followed by NS
wet → moist + cover c protective dsg
newst Q5 c 30 pm wound

DX:

L hip skin tear NS wash followed
by bacitracin c dsg Q5 x 3 wks

DX:

L 4th + 5th toe NS wash

followed by bacitracin c
dsg Q4 x 4 QD x 2 wks

DX:

MRSA Sacral wound
x 2

DX:

3/6/09

PICKED UP BY:

REVIEWED BY:

REVIEWED BY:

MD SIGNATURE:

PRESCRIPTIONS FILLED GENERALLY UNLESS PRESCRIBER WRITES "QAW" IN BOX BELOW

DATE: 3/17/09

DATE: 3/17/09

DATE: 3/17/09

DATE:

TIME: 3:4

TIME: 11:4

TIME: 7:3

DATE:



DAW

DX:

ALLERGIES

DIAGNOSIS

PHYSICIAN

PHYSICIAN'S PHONE

NURSE'S REVIEW

DATE

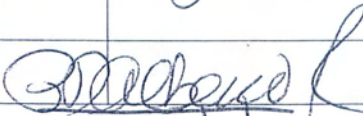
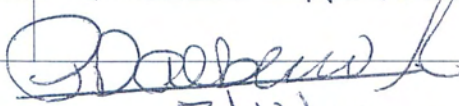
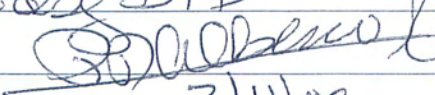
3/5/09



An Omnicare Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST <i>Karron</i>	FIRST <i>Marion</i>	MI	<i>none</i>
FACILITY:	ROOM #:	DOCTOR'S NAME	
<i>S25C</i>	<i>2457</i>	<i>Klahr</i>	
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
<i>3/3/09</i>	<i>1</i>	<i>L hip skin tear NS wash followed by bacitracin Q5 X 3 WKS.</i>	
 <i>3/3/09</i>		<input checked="" type="checkbox"/> Check here if faxed. Enter time. <i>4/10/09</i>	<input type="checkbox"/> AM <input type="checkbox"/> PM
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	
DATE	TIME		
<i>3/10/09</i>	<i>2</i>	<i>To Dr Keahn O'Dalbeno R</i>	
 <i>3/10/09</i>		<input checked="" type="checkbox"/> Check here if faxed. Enter time.	<input type="checkbox"/> AM <input type="checkbox"/> PM
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	
DATE	TIME		
<i>3/11/09</i>	<i>3</i>	<i>To Dr Scusa O'Dalbeno R</i>	
 <i>3/11/09</i>		<input checked="" type="checkbox"/> Check here if faxed. Enter time.	<input type="checkbox"/> AM <input type="checkbox"/> PM
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX		DATE	

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000658

SILVER LAKE SPECIALIZED CARE CENTER

PHYSICIAN ORDERS - PRESSURE AREA PROTOCOLS

Resident Name: Karron, Marion Room #: 240A

Pressure Area Protocol

☐ STAGE I Cleanse (site): _____ with 0.9% normal saline, pat dry and apply moisturizing lotion around red area every shift and pm.

☐ STAGE II * Cleanse (site): _____ with 0.9% normal saline, pat dry
☐ Apply Hydrocolloid dressing. ☐ Apply Foam adhesive dressing
 Change every seven days. Replace/remove pm if dislodged if breakout occurs or a foul odor. (For sacral ulcers use hydrocol sacral)

☐ STAGE III* Cleanse (site): _____ with 0.9% normal saline

- ☐ A. Wound clean and no necrosis
 - ☐ Apply Hydrogel/Transigel dressing to wound bed & cover with bordered pad/coversite dressing. Change dressing qd x4 weeks then reeval.
- ☐ B. Wound wet, drainage clean and no necrosis
 - ☐ Apply Alginate dressing and cover with bordered pad/coversite. Change dressing O.D. for 4 weeks and re-evaluate.
- ☐ C. Necrosis present
 - ☐ Apply santyl/curasalt dressing (for debridement) with bordered pad/coversite O.D. for 4 weeks and re-evaluate.

☒ STAGE IV * Cleanse (site): R hip with 0.9% normal saline

- ☐ A. Clean and no necrosis
 - ☐ Apply zinc oxide cream to ulcer borders with wet to moist dressing and cover with protective dressing q shift x 4 weeks or/bordered pad/coversite O.D. x 4 weeks.
- ☒ B. Necrosis is present
 - ☒ Apply santyl/curasalt (for debridement) with bordered pad/coversite O.D. for 4 weeks and re-evaluate.

- ☐ Baseline serum albumin. Repeat every 3 months.
- ☐ * Berocca Plus Tabs 1 O.D - po
- ☐ MVI with minerals 15cc via GT

M.D. Signature: _____

Date: 3/18/09

Nurse Signature: P. Dalbey

Date: 3/18/09

____ Original Copy -- Chart

____ Copy to Pharmacy

____ Copy to Supplies

silverlake.doc 3/15/06

SILVERLAKE-KARRON-000659

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
Karron		Marion	None
FACILITY:		ROOM #:	DOCTOR'S NAME
SLSCC		245A	Klehr
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"			NURSING PERSONNEL SIGNATURE
DATE	TIME		
3/17/09	1	TO Dr Klehr @ Dalbaw Lu	
		Dic Contact Isolation	
		Im change to 240A off isolation	
Dalbaw Lu		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE
DATE	TIME		
3/19/09	2	TO Dr Klehr @ Dalbaw Lu	
		change bacitracin to L hyp to NS	
		wash + Silvadene Cream Q5d	
Dalbaw Lu		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE
DATE	TIME		
3/27/09	3	T/O Dalbaw / Rod Mill n	
		Bactroban Dog to @ hand skin	
		tec Q5 x 1 wk - 3/27/09	
Dalbaw Lu		Check here if faxed. Enter time.	AM <input type="checkbox"/> PM <input type="checkbox"/>
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			DATE

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

SILVERLAKE-KARRON-000660

PHYSICIAN'S ORDER FORM

FACILITY

PHARMACY

SILVER LAKE VENT

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

UNIT

ROOM

BED

DATE OF BIRTH

SEX

DATE OF ADMISSION

KARRON, MARION (363)

28V

240

A

06/06/30

F

10/02/0

MEDICATION ORDERS

BLOOD PRESSURE AND WTS EVERY WEEK

02/19/09 A4916101

✓ FERROUS SULFATE 220(44)/5ML ELIXIR

7.5 MLS VIA PEG TUBE EVERY 24 HOURS FOR ANEMIA

02/23/09 R14847016

✓ LEVOTHYROXINE SODIUM 200MCG TABLET (S/F: SYNTHROID)

1 TAB CRUSH AND GIVE VIA PEG TUBE EVERY 24 HOURS **SEPARATE 2 HOURS FROM CALCIUM**

02/23/09 R14888101

✓ PAROXETINE 20MG TABLET

1 TAB CRUSH AND GIVE VIA PEG TUBE EVERY 24 HOURS FOR DEPRESSION

02/23/09 R14888105

✓ PREDNISONE 10MG TABLET

1 TAB CRUSH AND GIVE VIA PEG TUBE EVERY 24 HOURS FOR GERD

02/23/09 R14888107

✓ PREVACID SOLUTAB 30MG TAB RAP DR DISSOLVE 1 TAB IN WATER AND GIVE VIA PEG TUBE EVERY 24 HOURS FOR GERD

02/23/09 R14888110

✓ SENNA TABLET

2 TABS CRUSH AND GIVE VIA PEG TUBE EVERY 24 HOURS FOR CONSTIPATION

02/23/09 R14847005

✓ VITAMIN B-1 100MG TABLET (S/F: THIAMINE)

1 TAB CRUSH AND GIVE VIA PEG TUBE EVERY 24 HOURS FOR SUPPLEMENT

02/23/09 R14888112

OTHER ORDERS

DELIVERY DATE _____ START DATE _____

ADVANCE DIRECTIVES:

DO NOT RESUSCITATE

NON HOSPITAL **DO NOT RESUSCITATE**

DIET:

NPO; PERATIVE VIA PEG TUBE

ACTIVITIES:

OUT OF BED TO RECLINER AS TOLERATED

AMBULATION:

NON AMBULATE

THERAPY:

PT ANNUAL 3-9

OT ANNUAL 3-9

ST. ANNUAL 3-9

FLOOR PROGRAMS:

PENDING

weekly WPT.

LABS:

YEARLY H&P DUE 3-10

CBC, BMP, stool guaiac, T3 T4 TSH Q3 mos

PREPARED BY: _____ DATE: _____ TIME: _____
 PICKED UP BY: Goch DATE: 3/26 TIME: 3
 VERIFIED BY: gn DATE: 3/24/09 TIME: 10
 VERIFIED BY: _____ DATE: _____ TIME: _____
 NURSE'S REVIEW: lma 3/22/09 TIME: _____

Signature

Date: _____

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

CONTINUED NEXT PAGE

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
 HYPOTHYROIDISM, ANEMIA,
 OSTEOPOROSIS, ARTHRITIS

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

03/26/09

03/24/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

JOHN D. MCCARTHY (BM6739734) 718-668-9300

1776 RICHMOND RD SUITE 5, STATEN ISLAND, NY, 1030

RESIDENT NAME

KARRON, MARION (363)

SILVERLAKE-KARRON-000661

ADMITTED

10/02/08

RESIDENT #

PAGE

1 OF

PHYSICIAN'S ORDER FORM

FACI Y
SILVER LAKE VENT

PHARMACY
SHORE PHARMACEUTI

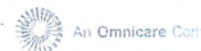


RESIDENT NAME & MEDICAL RECORD #		UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMIS
KARRON, MARION (363)		2B V	240	A	06/06/30	F	10/02/08
D/C	MEDICATION ORDERS CERTAVITE MULTI VIT + MINERALS LIQUID 15 MLS VIA G-TUBE DAILY FOR NUTRITION 02/23/09 R14847023		OTHER ORDERS CBC, CMP, STOOL QUIAC EVERY 3 MONTHS 4-08 T3, T4, TSH EVERY 3 MONTHS 4-9 RESTRAINTS: NONE SIDERAILS: 2 1/2 SIDERAIL(S) UP FOR TURNING AND POSITIONING PODIATRY: EVERY 2-3 MONTHS FOR MYCOTIC NAILS				
	CITRUS CALCIUM 200MG TABLET 2 TABS CRUSH AND GIVE VIA PEG TUBE TWICE DAILY FOR OSTEOPOROSIS / SUPPLEMENT 02/23/09 R14888125						
	HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS 02/23/09 R14888135						
	METOPROLOL 25MG TABLET 1 TAB CRUSH AND GIVE VIA PEG TUBE EVERY 12 HOURS FOR ATRIAL FIBRILLATION 02/23/09 R14888116						
	OXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 8 HOURS ** CAUTION - APAP MAX DOSE 4GM/24HRS ** TRIPLICATE REQUIRED 03/06/09 R14887394		PREPARED BY: _____ DATE: _____ TIME: _____ PICKED UP BY: <u>Gpck</u> DATE: <u>3/26</u> TIME: <u>3</u> VERIFIED BY: <u>on</u> DATE: <u>3/26</u> TIME: <u>11</u> VERIFIED BY: _____ DATE: _____ TIME: _____ NURSE'S REVIEW: <u>WH 3/27/09</u> TIME: _____				
	PROSTAT 101 LIQUID 30 MLS VIA G-TUBE THREE TIMES DAILY FOR HYPOALBUMIN 02/23/09 R14847025		_____ Date: _____ Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> Dispense As Written				
	ACETAMINOPHEN 160MG/5ML ELIXIR 20 MLS VIA G-TUBE EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 ** CAUTION - APAP MAX DOSE 4GM/24HRS ** 02/23/09 R14847026						
	DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, ANEMIA, OSTEOPOROSIS, ARTHRITIS		ALLERGY NO KNOWN ALLERGIES		REVIEW DATE 03/26/09 03/24/09		
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER JOHN D. MCCARTHY (BM6739734) 718-668-9300 1776 RICHMOND RD SUITE 5, STATEN ISLAND, NY, 10306		ADMITTED 10/02/08		RESIDENT # PAGE 2 OF			
RESIDENT NAME KARRON, MARION (363)		SILVERLAKE-KARRON-000662					

**PHYSICIAN'S
ORDER FORM**

FACILITY
SILVER LAKE VENT

PHARMACY
SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #	UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISSION
KARRON, MARION (363)	28V	240	A	06/06/30	F	10/02/08

MEDICATION ORDERS	OTHER ORDERS
<p>✓ IPRATROPIUM BROM (62.5ML/BOX) 0.2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD</p> <p>02/23/09 R14883792</p>	
<p>✓ ALBUTEROL 0.083% (75ML/BOX) 0.83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING</p> <p>02/23/09 R14847032</p>	
<p>✓ PROSTAT 101 30ML IN 30ML WATER VIA G-TUBE THREE TIMES DAILY FOR HYPOALBUMIN</p> <p>02/19/09 A4916106</p> <p><i>duplicate and</i></p>	
<p>✓ GTUBE FEEDS OF PERATIVE 250ML Q4H WITH H2O FLUSH OF 150ML Q4H ON ENTERAL PUMP AT 95ML/HR TOTAL CALORIES: 1950 TOTAL ML: 3300ML</p> <p>02/19/09 A5069034</p>	
<p>POSITION SEMI FOWLERS REASON: NUTRITIONAL SUPPORT</p> <p>02/19/09 A4916108</p>	<p>PREPARED BY: _____ DATE: _____ TIME: _____</p> <p>PICKED UP BY: <u>Goch</u> DATE: <u>3/26</u> TIME: <u>5</u></p> <p>VERIFIED BY: <u>for</u> DATE: <u>3/27</u> TIME: <u>10</u></p> <p>VERIFIED BY: _____ DATE: _____ TIME: _____</p> <p>NURSE'S REVIEW: <u>wm</u> <u>3/27/09</u> TIME: _____</p>
<p>GTUBE FEEDS OF PERATIVE 250ML Q4H WITH H2O FLUSH OF 100ML Q4H ON ENTERAL PUMP AT 95ML/HR TOTAL CALORIES: 1950 TOTAL ML: 3300ML</p> <p>02/19/09 A5069031</p>	<p>Signature: _____ Date: _____</p> <p>THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW</p> <p><input type="checkbox"/></p> <p>Dispense As Written</p>
<p>POSITION SEMI FOWLERS REASON: NUTRITIONAL SUPPORT</p> <p>**HOLD 2AM FEEDING**</p> <p>02/19/09 A5069031</p>	

DIAGNOSIS / ICD9 CODE	ALLERGY	REVIEW DATE
RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, ANEMIA, OSTEOPOROSIS, ARTHRITIS	NO KNOWN ALLERGIES	03/26/09
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER		03/24/09
JOHN D. MCCARTHY (BM6739734) 718-668-9300 1776 RICHMOND RD SUITE 5, STATEN ISLAND, NY, 10306		

RESIDENT NAME	ADMITTED	RESIDENT #	PAGE
KARRON, MARION (363)	10/02/08		3 OF

SILVERLAKE-KARRON-000663

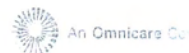
PHYSICIAN'S ORDER FORM

FACI' Y

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #		UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMIS
KARRON, MARION (363)		28V	240	A	06/06/30	F	10/02/08
D/C	MEDICATION ORDERS		OTHER ORDERS				
	✓ CLEANSE G-TUBE WITH NS & APPLY MYLANTA QS AND PRN 02/19/09 A5069032						
	✓ CHANGE IRRIGATION SET ACCORDING TO NURSING HOME POLICY. 02/19/09 A5069033						
	REINSERT FOLSY CATHETER - FOUND OUT IN THE MORNING #18FR 03/10/09 A5084325						
03/27/09	✓ BACITRACIN 500 UNIT/G OINT. (GM) BOTH ARMS N/S WASH FOLLOWED BY BACITRACIN OINT WITH DRESSING DAILY FOR 21 DAYS ***(STOCK)*** <i>resolved</i> 03/06/09 R14888571						
	✓ CLEANSE LT LOWER LEG WITH NORMAL SALINE FOLLOWED BY BACITRACIN OINTMENT WITH DRESSING TWICE DAILY 03/11/09 A5084378						
	✓ CLEANSE RIGHT HIP WITH NORMAL SALINE FOLLOWED BY NORMAL SALINE WET TO MOIST AND COVER WITH PROTECTIVE DRESSING REWET EVERY SHIFT WITH ZN PERI WOUND 03/06/09 A5079169		PREPARED BY: _____ DATE: _____ TIME: _____ PICKED UP BY: <i>Goch</i> DATE: 3/26 TIME: 3:30 VERIFIED BY: <i>gm</i> DATE: 3/24/09 TIME: 1:15 VERIFIED BY: _____ DATE: _____ TIME: _____ NURSE'S REVIEW: _____ TIME: _____				
	0 ✓ CLEANSE SACRUM STG IV. PROTOCOL WITH NORMAL SALINE FOLLOWED BY WET TO MOIST AND COVER WITH PROTECTIVE DRESSING REWET EVERY SHIFT WITH ZN PERI WOUND 03/06/09 A5079171		Signature: <i>[Signature]</i> Date: 3/21/09 THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div> Dispense As Written				
	✓ SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) APPLY TO LEFT HIP AFTER NORMAL SALINE SOLUTION CLEANSING EVERY SHIFT AND COVER WITH DRESSING 03/23/09 R14954596						
DIAGNOSIS / ICD9 CODE		ALLERGY			REVIEW DATE		
RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, ANEMIA, OSTEOPOROSIS, ARTHRITIS		NO KNOWN ALLERGIES			03/26/09		
					03/24/09		
PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER		ADMITTED					
JOHN D. MCCARTHY (BM6739734) 718-668-9300		10/02/08					
1776 RICHMOND RD SUITE 5, STATEN ISLAND, NY, 10306		RESIDENT #		PAGE		4 OF	
RESIDENT NAME		KARRON, MARION (363)					

SILVERLAKE-KARRON-000664

**PHYSICIAN'S
ORDER FORM**

FACILITY

SILVER LAKE VENT

PHARMACY

SHORE PHARMACEUTI



RESIDENT NAME & MEDICAL RECORD #

UNIT

ROOM

BED

DATE OF BIRTH

SEX

DATE OF ADMISSION

KARRON, MARION (363)

28V

240

A

06/06/30

F

10/02/0

D/C

MEDICATION ORDERS

OTHER ORDERS

✓ FLEET 19G-7G/118 ENEMA
1 RECTALLY EVERY 3RD DAY AS
NEEDED IF NO BOWEL MOVEMENT(S)

02/23/09 R14847027

✓ FOLEY CATHETER CARE EVERY SHIFT
AND AS NEEDED

02/19/09 A5058001

✓ RESPIRATORY:
VENTILATOR SETTINGS:
VT: 500 HR: 18
MODE: AC FIO2: 30-40%
OTHER: PEEP +5

✓ O2 SAT WITH VENTILATOR

MONITORING AND PRN

✓ ETCO2 QM AND PRN

✓ TRACH CARE QS AND PRN

✓ TRACHEAL SUCTIONING QS AND PRN

PREPARED BY: _____ DATE: _____ TIME: _____
PICKED UP BY: goc DATE: 3/26 TIME: 3
VERIFIED BY: goc DATE: 3/24/09 TIME: 1
VERIFIED BY: _____ DATE: _____ TIME: _____
NURSE'S REVIEW: CH 3/27/09 TIME: _____

Date: _____

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW



Dispense As Written

DIAGNOSIS / ICD9 CODE

RESP FAILURE, COPD, AFIB,
HYPOTHYROIDISM, ANEMIA,
OSTEOPOROSIS, ARTHRITIS

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE

03/26/09

03/24/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

JOHN D. MCCARTHY (BM6739734) 718-668-9300
1776 RICHMOND RD SUITE 5, STATEN ISLAND, NY, 1030

RESIDENT NAME

KARRON, MARION (363)

ADMITTED

10/02/08

RESIDENT #

PAGE

5 OF

SILVERLAKE-KARRON-000665

PHYSICIAN'S ORDER FORM

FACILITY: Y
SILVER LAKE VENT

PHARMACY
SHORE PHARMACEUTICAL



RESIDENT NAME & MEDICAL RECORD #		UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISSION
KARRON, MARION (363)		2BV	240	A	06/06/30	F	10/02/08
D/C	MEDICATION ORDERS		OTHER ORDERS				
	✓ CHANGE INNER CANNULA QD AND PRN						
	✓ PMV WITH FAMILY ONLY						
	✓ ORAL PHARYNGEAL SUCTIONING QS AND PRN						
	✓ Surgical eval @ hip debridement						
	Ativan 10mg via Pip Q 6 ⁰ PRN						
	✓ for agitation						
		PREPARED BY: _____ DATE: _____ TIME: _____ PICKED UP BY: <u>goli</u> DATE: <u>3/26/09</u> TIME: <u>3</u> VERIFIED BY: <u>goli</u> DATE: <u>3/24/09</u> TIME: <u>1</u> VERIFIED BY: _____ DATE: _____ TIME: _____ NURSE'S REVIEW: <u>um</u> <u>3/27/09</u> TIME: _____					
		Signature: _____ Date: _____ THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div>					
		Dispense As Written					

DIAGNOSIS / ICD9 CODE	ALLERGY	REVIEW DATE
RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, ANEMIA, OSTEOPOROSIS, ARTHRITIS	NO KNOWN ALLERGIES	03/26/09
		03/24/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
 JOHN D. MCCARTHY (BM6739734) 718-668-9300
 1775 RICHMOND RD SUITE 5, STATEN ISLAND, NY, 10306

SILVERLAKE-KARRON-000666

SILVER LAKE SPECIALIZED CARE CENTER

PHYSICIAN ORDERS - PRESSURE AREA PROTOCOLS

Resident Name: Karron, Marion Room #: 240A

Pressure Area Protocol

☐ STAGE I Cleanse (site): _____ with 0.9% normal saline, pat dry and apply moisturizing lotion around red area every shift and pm.

☐ STAGE II * Cleanse (site): _____ with 0.9% normal saline, pat dry
☐ Apply Hydrocolloid dressing. ☐ Apply Foam adhesive dressing
Change every seven days. Replace/remove pm if dislodged if breakout occurs or a foul odor. (For sacral ulcers use hydrocol sacral)

☐ STAGE III* Cleanse (site): _____ with 0.9% normal saline

☐ A. Wound clean and no necrosis

☐ Apply Hydrogel/Transigel dressing to wound bed & cover with bordered pad/cover site dressing. Change dressing qd x4 weeks then reeval.

☐ B. Wound wet, drainage clean and no necrosis

☐ Apply Alginate dressing and cover with bordered pad/cover site. Change dressing O.D. for 4 weeks and re-evaluate.

☐ C. Necrosis present

☐ Apply santyl/curasalt dressing (for debridement) with bordered pad/cover site O.D. for 4 weeks and re-evaluate.

☒ STAGE IV * Cleanse (site): L hip with 0.9% normal saline

☒ A. Clean and no necrosis

☐ Apply zinc oxide cream to ulcer borders with wet to moist dressing and cover with protective dressing q shift x 4 weeks or/bordered pad/cover site O.D. x 4 weeks.

☐ B. Necrosis is present

☐ Apply santyl/curasalt (for debridement) with bordered pad/cover site O.D. for 4 weeks and re-evaluate.

☐ Baseline serum albumin. Repeat every 3 months.

☐ * Berocca Plus Tabs 1 O.D - po

☐ MVI with minerals 15cc via GT

M.D. Signature: [Signature]

Date: 4/10/09

Nurse Signature: [Signature]

Date: 4/10/09

____ Original Copy -- Chart

____ Copy to Pharmacy

____ Copy to Supplies

copy to chart 1/15/06

SILVERLAKE-KARRON-000667

An **Omnicare** Company

Please place a checkmark in the box marked **Faxed** to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

PATIENT'S NAME:		ALLERGIES:	
LAST	FIRST	MI	
FACILITY:		ROOM #:	DOCTOR'S NAME
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"		NURSING PERSONNEL SIGNATURE	
DATE	TIME		
4/11/09		① TO Dr Keahn P Oalberg DIC Surgical Eval for @ hip NS wash @ elbow skin tear followed by bacitracin c oag BID x 1 wk	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			
DATE	TIME		
4/13/09		② IVF Y2 NS 1000 cc q12hr x 48 hrs.	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			
DATE	TIME		
		③	
NAME-PRINT		DISPENSE AS WRITTEN	SIGNATURE
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w" IN THE BOX			

DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING

3

SILVERLAKE-KARRON-000668

☐ New Admiss. ☒ Readmiss.
☐ Ret. fr. bedhold

NURSING ADMISSION ASSESSMENT

1. HISTORY:

Resident Name: Karron Marion Rm #: 248A Med. Rec. #: 15354 Date: 2/19/09
Date of Admission: 2/19/09 Hour: 5pm Admitted From: SIUH-N
Means of Transport: ☒ Ambulance ☐ Ambulette ☒ Stretcher ☐ W/C ☐ Other: _____
Accompanied by: ☒ Attendant ☐ Family ☐ Other: _____
Source of Information: ☐ Resident ☐ Family ☒ Transfer Data ☐ Other: _____
Known Allergies: ☐ Meds: _____ Specify ☐ Food: _____ Specify ☐ Other: _____ ☒ None known
Reason for Admission: _____ Primary Dx: Pneumonia, VDRF, COPD, R/pn infection
Secondary Dx /Conditions: _____ ☐ Active Infection: MRSA

Medication/Tx Regimen prior to Admission: _____ ☐ Unknown
Medication consumed today, prior to Admission: _____ ☒ Unknown
☐ One or more of above medications given by injection _____ and/or ☐ By I.V. route
Approximate hour of last meal today: _____ ☒ Unknown Last BM: _____ ☒ Unknown

2. CLINICAL STATUS: ☒ Stable ☐ Unstable: _____
Temp. 98.5 ☐ Fever Pulse 82 Resp. 16 B/P 130/78 Ht: 5'11 Wt: 187
☐ End-stage disease* ☐ Dialysis ☒ Ventilator-Dependent ☐ Pacemaker in Situ--Ser.# _____ ☐ O2 in use: _____
☒ On anticoagulant treatment ☐ Hospice program ☐ On Chemotherapy ☐ Non-Vent Trach Other: _____

Pain: ☐ No sx/symp or c/o pain nor currently receiving analgesic medication. ☐ No pain, but on pain mgmt prog.
☒ Pain: Site: R Hip, Sacrum Cause: Deceubiti ☒ Suspected ☐ Reported
Frequency: ☒ Continuous or: 80 / 1 day ☐ week ☐ month Intensity: ☐ Sev. ☐ Mod. ☐ Mild
Source of: Exacerbation: _____ Alleviation: ☒ Medication: perocet 5/325 ☐ Other: _____

3. ADL STATUS: (v)

(Prior known level
vs. current)

____ Weeks Prior to Admission

Current

	Independent				Dependent				Independent				Dependent			
	Home		Hosp.		Partial		Total		Home		Hosp.		Partial		Total	
					Home	Hosp.	Home	Hosp.					Home	Hosp.	Home	Hosp.
Bed Mobility																
Transfer																
Walking																
Dressing																
Locomotion																
Eating																
Toileting																
Groom/Hyg.																

Adaptive/Assistive Device(s) in Use: ☐ Cane ☐ Walker ☐ W/C ☐ Splint/Brace ☒ Eating Device(s) ☐ Other: _____

☐ Has potential to improve: _____ ☐ Hx of falls in past 30 days ☐ Hx of falls in past 31-180 days
☐ Unsteady gait ☐ Hx of fx in past 180 days site: _____

Conditions impacting on function: ☐ C.P. ☐ M.S. ☐ Quadriplegia ☐ Hemiplegia ☐ Hemiparesis ☒ Bedfast all/most of time

Balance Status:

Intact	Impaired	Comment
Sitting		
Standing		

Functional limitations: (joints)

Right	Left	Other

*6 or fewer months to live

4. CONTINENCE STATUS: (✓)

Name: Karron, M. Date: 2/19/09 Nursing Admiss. Assmnt.

		Wks Prior to Admiss.		Current		Comment	
		Home	Hosp.				
Bowel:	Continent			<input type="checkbox"/> Always	<input type="checkbox"/> Has regularity		
	Incontinent			<input type="checkbox"/> Occas. <input type="checkbox"/> Freq.			
Bladder:	Continent			<input checked="" type="checkbox"/> Always	<input checked="" type="checkbox"/> w/ catheter <u>16Fr</u>		
	Incontinent			<input type="checkbox"/> Occas. <input type="checkbox"/> Freq.	<input type="checkbox"/> Stress e.g., w/ sneezing <input type="checkbox"/> Dribbling (overflow)		
				<input type="checkbox"/> Always	<input type="checkbox"/> Frank (functional)	<input type="checkbox"/> Other: _____	

Elimination Hx:		Current		By Hx	
Bowel:	Constipation			<input type="checkbox"/> Fecal impaction in past 14 days	
	<input checked="" type="checkbox"/> Has regularity	Diarrhea			
	Laxative Use	<u>X Senna</u>			
	<input type="checkbox"/> Colostomy <input type="checkbox"/> Ileostomy				
Bladder:	Wears Incontinence Briefs	<u>X</u>			
	Catheter in situ	<input checked="" type="checkbox"/> Indwelling <input type="checkbox"/> Intermittent <input type="checkbox"/> External <input type="checkbox"/> Suprapubic		<input type="checkbox"/> In Past 2 Weeks	

5. COGNITIVE STATUS: (✓)

		Weeks Prior to Admission				Current	
		Intact		Impaired		Intact	Impaired
		Home	Hospital	Home	Hospital		
<input checked="" type="checkbox"/> Comatose, in vegetative state, unable to assess.							
Orientation	Person				<u>X</u>		<u>X</u>
	Place				<u>X</u>		<u>X</u>
	Time				<u>X</u>		<u>X</u>
Memory	Recent				<u>X</u>		<u>X</u>
	Remote				<u>X</u>		<u>X</u>
Judgment (decision making)	Full <input type="checkbox"/> Some <input type="checkbox"/>	Full <input type="checkbox"/> Some <input type="checkbox"/>	Mod. <input type="checkbox"/> Sev. <input type="checkbox"/>	Mod. <input type="checkbox"/> Sev. <input type="checkbox"/>	Full <input type="checkbox"/> Some <input type="checkbox"/>	Mod. <input type="checkbox"/> Sev. <input type="checkbox"/>	

6. SENSORY STATUS: (✓)

		Comment	
Vision	<input type="checkbox"/> Moderately <input type="checkbox"/> Severely <input type="checkbox"/> Highly	<input type="checkbox"/> Has side vision problems	
Hearing			
Speech	<input checked="" type="checkbox"/> Aphasia <input type="checkbox"/> Unclear <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
Communication	Understands <input type="checkbox"/> Always/Daily <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Rarely/Never <input type="checkbox"/> Other: _____ Understood <input type="checkbox"/> Always/Daily <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Rarely/Never	Mode(s) of expression: _____	

Language(s) spoken: Primary: _____ Secondary: _____
 Adaptive Sensory Devices: ☒ Eyeglass ☐ Hearing Aid ☐ L ☐ R ☐ Other: _____
☐ Self-dons/doffs Regularly used: ☐ Y ☐ N

7. SKIN STATUS:

☐ Intact ☒ Impaired (indicate below) ☐ Hx of resolved ulcers in past quarter ☐ Skin desensitized to pain

If Impaired:

Type of Wound/Condition	Site	Size (cm)	Drainage	Edema (✓)	Treatment				If Pressure or Stasis Ulcer, (✓) Stage				
					Surg. Care	Ulcer Care	w/ dress.	w/ ung.	I	II	III	IV	
① Hip III 7x6.5x0.1						<u>X</u>							<u>X</u>
② Sacrum III 10x10x2			<u>mod.</u>			<u>X</u>							<u>X</u>
③ Chin III 1.5x1.5x0			<u>sm.</u>			<u>X</u>						<u>X</u>	
④ heel I 3x4x0			<u>0</u>							<u>X</u>			
⑤ heel I 4x4x0			<u>0</u>							<u>X</u>			
⑥ ankle I 1.5x1x0			<u>0</u>							<u>X</u>			

Hair: only Nails: long/dirty Feet: _____ ☐ Foot Problem: _____
☐ Foot Care: _____

⑦ ankle I 1.5x1x0

⑧ inner arm mult. skin tears

⑨ leg 2 mult. scrapes

⑩ groin skin tear

Name: Karron, M. Date: 2/19/09 Nursing Admiss. Assmnt.

8. ORAL STATUS:

	Intact	Impaired	Comments
(v) Gums			<input checked="" type="checkbox"/> Debris noted
Tongue	<input checked="" type="checkbox"/>		
Mucosa	<input checked="" type="checkbox"/>		
Dentition	<input checked="" type="checkbox"/>		

Dentures	Upper		Lower		If dentition impaired, indicate: <input type="checkbox"/> Edentulous <input type="checkbox"/> Caries <input type="checkbox"/> Broken Teeth <input type="checkbox"/> Loose Teeth <input type="checkbox"/> Missing Teeth <input type="checkbox"/> Other: _____	Comment <input type="checkbox"/> Does not wish to use his/her dentures.
	Partial	Full	Partial	Full		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					

9. NUTRITIONAL STATUS:

☒ Tube Fed ☐ N/G ☒ G/T ☐ J/T Formula: Derivative 250ml
☐ P.O.: Diet: _____ Consistency: 94 (to 2am feeds)

If P.O., Pattern of Oral Consumption: (v)

	All	1/2	-1/2	Comment
Meals				
Fluids		<u>N/A</u>		<input type="checkbox"/> Receiving I.V. fluids for hydration
Nour				
Snacks				

Known weight range in past: ☒ 30 days ☐ 180 days: 156 past wt. vs. 157 current wt. ☐ 5% unplanned ☒ gain 20 edema ☐ 10% unplanned ☐ loss ☐ unknown

10. BEHAVIORAL STATUS: (v, If applicable)

Aberrant Behavior: ☐ None Known ☐ Current ☐ By Hx ☐ Comment

Verbally Disruptive			
Physically Aggressive/ Disruptive		<input checked="" type="checkbox"/>	<input type="checkbox"/> Wandering behavior
Socially Inappropriate			<input type="checkbox"/> Non-compliant smoker <input type="checkbox"/> Resistive to care <input type="checkbox"/> Other: _____

☐ Hallucinations ☐ Delusions ☐ Physical Restraint ☒ Receiving psychotropic med(s)

11. PSYCHOSOCIAL STATUS:

	Intact	Impaired	Comment
Interpersonal relationships		<input checked="" type="checkbox"/>	

Discharge expectations: Resident's: _____ Family's: _____

12. RISK FACTORS PER ASSESSMENT: (v)

At Risk for:	Secondary to:			Other
<input checked="" type="checkbox"/> Communication Deficit	<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision	<input checked="" type="checkbox"/> Speech	<input type="checkbox"/> Non-English speaking
<input checked="" type="checkbox"/> Contractures	<input checked="" type="checkbox"/> Joint(s) Immobile		<input type="checkbox"/> Has limitation(s)	<input type="checkbox"/>
<input checked="" type="checkbox"/> Falls/Injury	<input type="checkbox"/> Falls Hx past ___ days	<input type="checkbox"/> S/P hip fx	<input type="checkbox"/> Unsteady Gait	<input checked="" type="checkbox"/> Psych. meds
<input checked="" type="checkbox"/> Dehydration (Fluid Volume Deficit)	<input checked="" type="checkbox"/> Tube Fed		<input type="checkbox"/> Wt. Loss	<input type="checkbox"/>
<input type="checkbox"/> Functional Deterioration	<input type="checkbox"/> Physical restraint in use		<input type="checkbox"/> Term. ill	<input type="checkbox"/>
<input checked="" type="checkbox"/> Infection	<input checked="" type="checkbox"/> Catheter	<input checked="" type="checkbox"/> PU	<input type="checkbox"/> Ostomy Site	<input type="checkbox"/>
<input checked="" type="checkbox"/> Nutritional Deficit	<input checked="" type="checkbox"/> Tube Fed	<input type="checkbox"/> Wt. Loss	<input type="checkbox"/> Appetite	<input type="checkbox"/>
<input checked="" type="checkbox"/> Pressure Ulcers	<input checked="" type="checkbox"/> Bed/chairfast	<input checked="" type="checkbox"/> Existing P.U.'s	<input checked="" type="checkbox"/> Bowel Incontinence	<input type="checkbox"/>
<input type="checkbox"/> Injury	<input type="checkbox"/> Non-Compliant Smoker		<input type="checkbox"/> Oblivious to danger	<input type="checkbox"/> Aberrant Behavior
<input checked="" type="checkbox"/> Pain	<input checked="" type="checkbox"/> Wound/Ulcer		<input type="checkbox"/> S/P Surgery	<input type="checkbox"/>
<input checked="" type="checkbox"/> Bleeding	<input checked="" type="checkbox"/> Anti-Coagulant Tx		<input type="checkbox"/> Blood dyscrasia	<input type="checkbox"/>
<input checked="" type="checkbox"/> Adverse Drug Reaction (ADR)	<input checked="" type="checkbox"/> 9 or > Medications		<input checked="" type="checkbox"/> Psych. meds	<input type="checkbox"/>
<input checked="" type="checkbox"/> Aspiration	<input type="checkbox"/> Dysphagia	<input checked="" type="checkbox"/> G.E.R.D.	<input type="checkbox"/> Aspiration Hx	<input type="checkbox"/>
<input type="checkbox"/> Unsafe Wandering	<input type="checkbox"/> Wandering Behavior		<input type="checkbox"/> Elopement Hx	<input type="checkbox"/>

13. LEARNING NEED(S): _____ ☐ Res. ☐ Fam. educ. provided: _____

14. Initial NURSING CARE PLAN developed (per assessment): _____
 Licensed Nurse Signature/Title: _____ RN Counter Sig, if/as nec. _____

*ADR = Adverse Drug Reaction

Name:

Karron, M.

Activities of Daily Living (ADL's)

(How resident actually performs)

ADL SELF-PERFORMANCE (SP)¹ SCALE: (During PAST 7 DAYS)

0. INDEPENDENT: Help or oversight provided only 1 or 2 times.
1. SUPERVISION: Oversight, encouragement or cuing provided 3+ times-OR-supervision plus physical assistance provided 1 or 2 times.
2. LIMITED ASSISTANCE: Resident involved in activity: received (hands on help) in guided maneuvering of limbs or other non-weight bearing assistance 3+ times, - OR - more help provided only 1 to 2 times.
3. EXTENSIVE ASSISTANCE: While resident performed part of activity, help of the following type(s) was provided 3 or more times:
 • Weight-bearing support, staff hands on assistance during transfer/ambulation.
 • Full staff performance during part but not all of PAST 7 DAYS.
4. TOTAL DEPENDENCE: Full staff performance daily.
8. THE ADL DID NOT OCCUR; on any shift.

ADL SUPPORT (S)² SCALE: Past 7 days.

(The highest level of support for each ADL even if the support occurred only once)

0. No setup or physical help from staff.
1. Setup help only.
2. One person physical assist.
3. Two or more persons physical assist.
8. The ADL did not occur during the PAST 7 DAYS on any shift.

Week #1		Week #2	
from:	to:	from:	to:
SP1	S2	SP1	S2

ADL'S (excluding bathing)

BED MOBILITY: How resident moves to and from lying position, turns side to side and positions body while in bed.

TRANSFER: How resident moves between surfaces, to/from bed, chair, wheelchair, standing position.
(Exclude to/from bath/toilet.)

Mechanical lift used

WALKING: How resident walks between locations _____ in own room
How resident walks _____ in corridor on unitLOCOMOTION: How resident moves: _____ in his/her room and on same floor.
(If in w/c, self-sufficiency in chair.) _____ to and from off-unit or distant locations on unit.

DRESSING: How resident puts on, fastens and takes off all items of street clothing, including donning/removing prosthesis.

EATING: How resident eats and drinks (regardless of skill).

TOILET USE: How resident uses toilet room or commode, bedpan, urinal; transfers on/off toilet, cleans, changes pad, manages ostomy or catheter, adjusts clothes.

☐ 1 = On a scheduled Toileting Program ☐ 2 = On a Continence Restoration Program

PERSONAL HYGIENE: How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing/drying face, hands and perineum. Exclude bath and showers.

BATHING**SELF PERFORMANCE (SP)³ SCALE:** (Past 7 days)

(How resident actually performs):

0. Independent: no help provided
1. Supervision - oversight help only
2. Physical help limited to transfer only
3. Physical help in part of bathing activity
4. Total dependence
8. The ADL did not occur

BATHING**SUPPORT (S)⁴ SCALE:** (Past 7 days)

(The highest level of support, even if support occurred only once)

0. No setup or physical help from staff.
1. Setup help only.
2. One person physical assist.
3. Two or more persons physical assist.
8. The ADL did not occur.

BATHING: How resident took full body bath, transferred in/out of tube/shower.
(Exclude washing of back and hair.)**Key:**

SP1 = ADL Self Performance Scale

SP2 = ADL Support Scale

SP3 = Bathing Self Performance Scale

SP4 = Bathing Support Scale

Julia [Signature] 7/19/09
(Nurse's Signature/Date)

Philbert [Signature] 7/20/09
(Nurse's Signature/Date)